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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14753 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington Md. Wash. MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 1b Hagerstown Hagerstown vears d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 233 Devonshire Rd. 233 Devonshire Rd. YES NO 3. NAME OF First Middle Last 4 DATE Month DECEASED 0F Clyde Fitch Anderson October 26.19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Doys Aug. 18, 1900 male white WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)

warehouseman INDUSTRY biscuit co. Washiongton Co., Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Anderson Savilla Woltz WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) 220-10-3684 Mrs. Katherine F. Anderson, Hag. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Nat While at work at wark 26001 19 66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at 65 M, fram couses and on the date stoted abave. sow the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF M.D. PHYS. DIRECTOR PHYS. 22d. 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL CREMATION 23b. DATE THEREOF (County)

the death certificate be executed within 24 haurs after death physician attending the requires that signed by 1 burial-trans has been 'O FUNERAL DIRECTOR: After this certificate be retained by the haspital

24. FUNERAL DIRECTOR

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VR A15 (4) 20 M 1/66

Minnich Funeral Home, Hagerstown, Md.

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Oct. 28.

Cedar Lawn Me. Park 2So. REC'D BY REGISTRAR

Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE

nethantine manager Stage 30 THE DE Idones on CES . . Mi sarmaneval Fra Amington Doinbar 26 osidw elew ad neet it ton terremoustment bisoult on. hashington To. . id. meradona . nde silo alliva-Zico-10-3032 Mrs. Nathoring . Anderson, Da . Hd. A STATE OF THE PROPERTY OF THE burgat' Bon. 2 . 66 Cader Lava de. Paris Inceretown. 20. Minnich Luneral dome, Cagerstawn, d. a. Juli 3 1 100

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE b. COUNTY PM3. Page Washington a death. Franklin MARYLAND delay c: CITY-DR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b and write RURAL and give negrest tawn) after D.O.A. Waynesboro d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? haurs with farm Washington County Hospital 302 Uller Ave. ate YES NO X 24 haurs after death. 3 NAME OF First Middle Last 4. DATE Manth e St Year DECEASED 0 OF 18. Give Falong w Wayne 0. Bakner Oct. within 19 = (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Manths Hours Male White WIDOWED DIVORCED Office event N Item ] 11. BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? INDUSTRY 2.2 any Quincy Pa. Electrician lack Truck Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within .⊆ Wilbur G. Bakner Mary E. Cook and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give war ar dates of service the Chief Medical remaval Waynesboro Pa 182-22-5/196 Mrs. Wayne Bakner Oller 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH 10 tracture Sku IMMEDIATE CAUSE (a) ward rrematian, Immed. DUE TO Canditians, if any, which gave icate, writing the be farwarded ta t rise ta immediate couse (a), DUF TO 0 stoting the underlying couse SD Lowerburial, used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO X p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 shauld PRIMARY OF CONTRIBUTING shauld Passenger-Auto Struck CAUSE OF DEATH. by oncoming CZ designated agent, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED O 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While at wark factory, street, affice bldg, etc.) Hagerstown 10-25-1966 at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [ ], and in my apinian the funeral directar. death resulted fram: Natural causes Accident X Suicide | Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 5 may be ro FUNERAL Health ar DEPUTY MEDICAL EXAMINER 10-25-66 NAME (Type) EDWARD W. DITTO W. WAS Haddes T (Strict A' to tamper county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Quincy. Franklin Co.. Burial Quincy 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15ME (5) Wavnesboro Pa. DATE 6M 1/66

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Pages 1 /and-2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-be executed within 24 haurs after death

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directar, page 3 shauld be detached far use as the burial-fransit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

### MARYLAND STATE DEPARTMENT OF HEALTH

14755		CERTIFICATI	OF DEATH		14758	
I. PLACE OF DEATH a. COUNTY	Washingto	n MARYLAND	a CTATE	Where deceased lived, if institu yland b. COU	INITY	e admission) ington
b. CITY OR TOWN (If outside write RURAL and give ne Hagerstow	arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corparate limits, write RU town	IRAL and give nearest	t town)
	STITUTION (If not in haspital,  1berry St.	give street oddress)	d. STREET ADDRESS 610 N.	Mulberry S		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First RALPH I	Middle LEROY BEAR	lost D, SR.	4. DATE Man OF DEATH Oct	ober 24	1,444
	OR OR RACE 7. MARRIED  1 to WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 19, 1	9. AGE (In years last birthday) 70 yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give ki during most of warking life, even <b>laborer</b>	nd of wark dane 10b. K if retired)	IND OF BUSINESS OR NDUSTRY Cailroad	State Li	& State, or foreign country) ne, Penna.	12. CITIZEN OF COUNTRY?	
13. FATHER'S NAME Geor	ge W. Beard	đ	14. MOTHER'S MAIDEN I	Oberholtze	r	
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes gi	ARMED FORCES? ve wor or dates of service) W I 16.	SOCIAL SECURITY NO. 17.	Ralph L.	Addr Beard, Jr.	Hagerst	town, Md
PART I DEATH WAS	MEDIATE CAUSE (a) Arte  DUE TO  (b) (o), DUE TO	r (o), (b), and (c).) riosclerotic C	ardio Vascul	lar Disease		ERVAL BETWEEN SET AND DEATH years
PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Port II of item IB.)		
20c. TIME OF INJURY Mon Haur a.m. p.m.	19 While at wor	Not While fact	CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)		· (County)	(State)
		ded the deceased from 1966, and that	attending	MED. STAFF	and on the date	e stated abov
22c. PHYSICIAN'S NAME (Type) Dr.	E. W. Ditto.		D. PHYS. by 22d. ADDRESS Hagerstow	m. Md.	J UCT, 2	4, 1966
23a. BURIAL, (REMATION, BURIAL (Specify)	23b. DATE THEREOF 10-26-66	23c. NAME OF CEMETERY OR Rose Hill	Cemetery	23d. LOCATION (City or To Hagersto	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(State)
24. FUNERAL DIRECTOR	nemal Hema	ADDRESS Hagerstown			EGISTRAR'S SIGNATURI	

Minnich Funeral Home Hagerstown, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral VR A15 (4) 20 M 1/66

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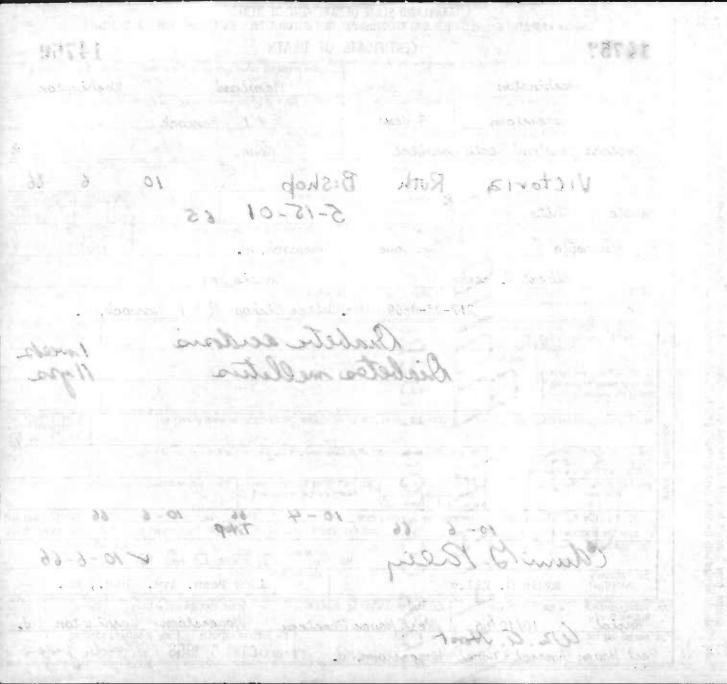
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1 2 USUAL RESIDENCE (Where deceased lived if institution: Posidence before admission)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.	MEDICAL CERTIFICATION
Page of Fundirect	230
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g. COUNTY Washington	MARYLAND	o. STATE Maryla	nd b. COUNT	Washington
b. CITY OR TOWN (If autside corparate limits, write RURAL ond give nearest tawn)  **Ragerstown**	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c	arporate limits, write RURA Hancock	21.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS		e. IS RESIDENCE On a farm?
Western Maryland State	Hospital	None		YES NO 🔀
3. NAME OF DECEASED (Type or print) VICTOVIA	Ruth F		ATE Month  FEATH 10	6 19 <b>66</b>
S. SEX  Genale  6. COLOR OR RACE  7. MARRIED  White  Widowed		8. DATE OF BINTH  5-15-01	9. AGE (In years lost birthday)  6 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during mast at working life, even if retired)  13. FATHER'S NAME	KIND OF BUSINESS OR NOUSTRY HOME	11. BIRTHPLACE (Caunty & Stote  Hancock, Md.  14. MOTHER'S MAIDEN NAME	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Albert G.Creek		Maggie	Pea.	
	SOCIAL SECURITY NO. 17.	INFORMANT Walter Bishop	Address	cock, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave (b) rise to immediate cause (a), stating the underlying cause (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Diabetes	mellitu	s	11 yrs
САТІОР			MICH SAID	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED.			
Hour a.m. 19 Whit p.m. 19	e Nat While fac	tary, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)
21. I certify that (I) (this haspital) attersow the deceased alive on	nded the deceosed from_ 19 <b>66</b> , and the	10 - 4 , 1966 at death occurred at <b>7</b> 54	to 10 - 6 M, fram causes a	nd an the date stated above
220. SIGNATURE duri G. 1	aling "	D. PHYS. MED. DIREC	TOR STAFF PHYS.	22b. DATE SIGNED 10 - 6 - 66
22c. PHYSICIAN'S NAME (Type) Edwin G. Rile			Penn. Ave.	
23a. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE THEREOF  10/10/66  24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR  Rest Haven  ADDRESS	1.		n) (County) (State)  Washington Md.  ISTRAR'S SIGNATURE
Rest Haven Truneral Chapel		OOT	10 1966 8	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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COOK   COOK   Testurant   Waynesboro, Pa.   COUNTY!	ESIDENCE A FARM? NO
COOK   COOK   Testurant   Waynesboro, Pa.   COUNTY!	Year 1966
COOK   Testurant   Waynesboro, Pa.   COUNTY!	DER 24 HRS.
PART I. OEATH WAS CAUSED BY:  ONSET A)  PART I. OEATH WAS CAUSED BY:  ONSET A)  ONSET	
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Conditions, if ony, which gove is to immediate couse (a), DUE TO  Brain fumor (ASTROCYTOMA)  14	BETWEEN D. DEATH CRAYS
isse to immediate couse (o), stoting the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WASS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WASS. PERFECTOR YES  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 Other Of While Of the Month of the Mark of the Month of th	ear
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20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of	
21 Leastifus that (1) (this hospital) attended the deceased fram (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Stote)
saw the deceased alive on Crober 8, 1966, and that death occurred at 1.45 M, from causes and on the date sto	اوسر) last ted above
220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. DATE SIGNED  221. DATE SIGNED  221. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED	966
22c. PHYSICIAN'S NAME (Type) VICTOR L. Ramos, md. 22d. ADDRESS TUESTERN Md. State 1475p, Hagerstown, md.	tal
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/11/66 Rose Hill Cemetery Hagers town Md.	(Stote)
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15 (4) 1/66  Minnich funeral Home Hagerstown Md. DATE OCT 1 3 1956 Clayles	

Minnich funeral Home Hagerstown Md.

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

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o. COUNTY a sh:	ington		MARYLAND	a. STATE Narylan	d W	lashing	ton		in)
b. CITY OR TOWN ( write RURAL and Hagers	If autside carporote limits d give nearest town)	i,	c. LENGTH OF STAY IN 1b 2 Weeks				RAL and give	21.1	,
				d. STREET ADDRESS	ground	i Ave		ON A FA	DENCE ARM? NO
NAME OF DECEASED (Type or print)		st	Middle	Last ER	4. DATE OF DEATH			Day Yea	or
SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Oct 10 18		AGE (In years last birthday) 70 yrs.	Months	Doys Hours	Min.
ing most of working	(Give kind of work done life, even if retired) nist	10b. KII	D OF BUSINESS OR USTRY R. R.				12. CITIZ CO U	EN OF WHAT	
. FATHER'S NAME						ttmän		C	
. WAS DECEASED EVE es, na, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dotes o	f carvira)	ocinic secondini ito.	rs Catheri	ne Sny			cion S	t
1B. CAUSE OF DI PART I. DEA	TH WAS CAUSED BY:		Unemi	a				INTERVAL BETTO ONSET AND D	WEEN
rise to immediat	, which gave ) e cause (a), rlying cause	(b) TO	Nephr	os clevos	is				
PART II. OTHER SI	GNIFICANT CONDITIONS CO						Tes	19. WAS AUTO PERFORMI YES	PSY ED? NO 🔀
OR CONTRIBUTING		20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part	II of item 1B.)	10		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
,	URY Manth, Day, Year	20d. IN While at wark	Nat While	PLACE OF INJURY (Home, far factory, street, office bldg., etc		(City ar town)	(Cour	ity) (	State)
20c. TIME OF INJI Hour a.r p.r 21. 1 certi saw the d	URY Manth, Day, Year n. 19	While at wark	Nat While at wark led the deceased from		.) 19, to	(City ar town)  20/5/6 from causes	6, 19_ ond an the	_, that (I) (	we) la
20c. TIME OF INJI Hour a.r p.r 21. I certi saw the d 22a. SIGNATURE	URY Manth, Day, Year n. 19  fy that (I) (this has eceased olive an	While at wark pital) attend	Nat While at wark led the deceased from	factory, street, office bldg., etc., that death occurred a M.D. PHYS.	.) 19, to	10/5/6	6 , 19 ond an the	_, that (I) (	we) la labay
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	o. COUNTY b. CITY OR TOWN ( Write RURAL and Hagers d. NAME OF HOSPIT Shing to NAME OF DECEASED (Type or print) SEX Male D. USUAL OCCUPATION ing most of warking Machi FATHER'S NAME Es, na, or unknown) IB. CAUSE OF DI PART I. DEA' Canditions, if any rise to immediat stating the unde last. PART II. OTHER SI	o. COUNTY a shing ton b. CITY OR TOWN (If autside carporote limits write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If no shington County NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE Male United D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) D. STATHER'S NAME Frank B. Bitn WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war or dotes on PART I. DEATH (Enter only one cour PART I. DEATH (Enter only one cour PART I. DEATH was CAUSED BY: IMMEDIATE CAUSE OF DEATH (Enter only one cour PART II. DEATH was CAUSED BY: IMMEDIATE CAUSE OUE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS (c)  20a. ACCIDENT WAS UNDERLYING C)  OR CONTRIBUTING C) CAUSE OF DEATH	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)  Hagerstown  d. 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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO.  200. ACCIDENT WAS UNDERLYING.  1205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in course of injury in mark of injury in course of injury	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. 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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and any event, within 72 haurs after deptit. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland MARYLAND Washington c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town)
rural Hagerstown nd completely filled in by the emove corbon popers. Pog any event, within 72 hours 1 month Big Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Gatway Convalescent Home YES \ NO 3. NAME OF First Middle lost 4. DATE Month Day Year DECEASED OF GEORGE NMN BOYD. SR. 19 66 Oct. 2 (Type ar print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 ast birthday) Haurs Days white Mar. 28,1882 male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking life, even if retired) COUNTRY? INDUSTRY by the ottending physician transit permit. Then olegse cremotion, or removol, ond i farming Clear Spring 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Daniel G. Boyd Lucy V. Harne 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service) 220-54-2850 Tenafly, N.J. George Boyd, Jr. no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." signed by the burial-transit p burial, cremoti PART I. DEATH WAS CAUSED BY: UNK NOWN ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (a) DUE TO UNKNWN Conditions, if ony, which gave ARTERIOSCLEROSIS, GENERALIZED rise to immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION ADENOCARCINOMA OF THE PROSTATE NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING be detoched fr State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (Stote) Hour a.m. Not While factory, street, affice bldg., etc.) at wark at work 21. I certify that (I) (this haspital) attended the deceased fram M. fram causes and an the date stated above saw the deceased alive an and that death accurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF OCT 2. 1966 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S ROBERT COHEN. MD. SPRING. MARYLAND NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 10/2/66 Lee Funeral Home Washington D.C. ADDRESS 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Clear Spring. Rowland Funeral Home FARE

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death

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TO FUNERAL DIRECTOR: After

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death. executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

	14762	CERTIFICAT			14765
1.	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	. 0717	E (Where deceased lived, If Insti ARYLAND b. COUNT	tution: Residence before admission) Y WASHINGTON
	b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town) HAGERSTOWN	its, c. LENCTH OF STAY IN 1b		outside corporate limits, writ	e RURAL and give nearest town)
4	d. NAME OF HOSPITAL OR INSTITUTION (IF) 218 WEST SIDE AVE.	not in hospital, give street address)	d. STREET ADDRESS	SIDE AVE.	e. IS RESIDENCE ON A FARM? YES NO X
3.		Middle ALEXANDER	Last BRENNEMAN	4. DATE Month OF DEATH OCTOBER	Day Year 1 19 66
	MALE WHITE WI	DOWED DIVORCED	8. DATE OF BIRTH SEPT. 10,189	last birthday)	
10 du	Da. USUAL OCCUPATION (Cive kind of work done uring most of working life, even if retired)  RETIRED BRAKEMAN	10b. KIND OF BUSINESS OR INDUSTRY RATIROAD		co., PENNA.	12. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME HARRY BRENNEMAN		14. MOTHER'S MAID SUSAN (	EN NAME  (UNKNOWN)	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no, or unkown) (If yes give war or dates of service) NO	e)	INFORMANT RS. CLARA BF	HAGERSTOWN RENNEMAN 218 W	, MARYLAND EST SIDE AVE.
	18. CAUSE OF OEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:		icil Ind	Con Lin	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.    DUE TO   DUE	Aztorii sch	tic have	A dina	Gean
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION CIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While facto at work at work	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town)	(County) (State)

ADDRESS

saw the deceased alive or and that death occurred at from the causes and on the date stated above. DATE SICNED 22a. SICNATURE

MED. DIRECTOR STAFF PHYS. 3/1966 PHYSICIAN'S NAME (Type) 22d. ADDRESS ELDON G. HOACHLANDER WASH. HAGERSTOWN. MD.

BURIAL, CREMATION, REMOVAL (Soecify) BURIAL NAME OF CEMETERY OR CREMATORY 10/4/1966 ROSE HILL CEMETERY

LOCATION (City, town or county)

HAGERSTOWN Y RECISTRAR | 25b. MARYLAND REGISTRAR'S SIGNATURE

M. ROUZER HAGERSTOWN, MARYLAND

REC'D BY RECISTRAR 25a.

STREET

(State)

24. FUNERAL DIRECTOR

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1476	3	CERTIFICAT	E OF DEATH		1476	149
PLACE OF DEATH     a. COUNTY	Washington	MARYLAND	d. STATE Mary	Tanu	OUNTY Wash	hington
	(If outside corparate limits, and give pearest tawn)	c. LENGTH OF STAY IN ID		utside carporate limits, write	RURAL ond give nea	rest town)
	ITAL OR INSTITUTION (If not in ngton Count		d. STREET ADDRESS 1901 I	Downsville	Pike	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MARTIN	Middle ANTHONY E	ROWN	4. DATE MODE OF DEATH		Pay Year 19 66
s. SEX male	20 11	MARRIED NEVER MARRIED	B. DATE OF BIRTH  Jan 31,19	9. AGE (In years 58st birthday) yrs.	Manths Day	
10a. USUAL OCCUPATION during most of working the control of the co	ON (Give kind of work dane ig life, even if retired)	10b. KIND OF BUSINESS OR INCUSTRY Rev. Ser		x & Stote, or foreign cauntry) ton D.C.	12. CITIZEN COUNTR	OF WHAT
13. FATHER'S NAME	larence Bro	wn	14. MOTHER'S MAIDEN Mago	NAME ieline Betz		
15. WAS DECEASED EN (Yes, na, ar unknown) Yes	VER IN U.S. ARMED FORCES? (If yes give war or dates af see	vice	informant Mrs. Marga		ldress Hager:	stown, M
PART I. DE		er line for (o), (b), ond (c).)	my occh	Perosis	65	INTERVAL BETWEEN ONSET AND DEATH ME GLALO
20o. ACCIDENT W	SIGNIFICANT CONDITIONS CONTE 1 des had AS UNDERLYING  G CAUSE OF DEATH	Premove O  205. DESCRIBE HOW INJURY OCCURRED	cclusion	2	1	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF IN	Y MEDICAL EXAMINER) JURY Month, Doy, Year		ACE OF INJURY (Home, farn ctory, street, office bldg., etc.		(County)	(Stote)
21. I cert	rify that (1) (this haspited deceased alive an	all) attended, the deceased from 1966, and the		1956, to 9/1  1/ F/ M, from couse  MED. STAFF  DIRECTOR PHYS.	22b. DATES	
NAME (Typ 23a. BURIAL, CREMAT	TION, 23b. DATE THEREO			Vageuslo 23d. LOCATION (City or	Town) (Cour	nty) (Stote)
REMOVAL (Specifical) 24. FUNERAL DIRECT		6 Arlington ADDRESS		D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNAT	TURE
Minnie	h Funeral H	ome Hagerstown,	Md. DATE	ICT 7 1966	Milarel	as Quelas

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

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		MARYLAND STATE DEPARTMENT OF HEALTH	
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1 M	14764	CERTIFICATE OF DEATH	14767
0/2	25 0 17 12		- 1 7 7

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. STATE b. COUNTY rince George's a. COLINTY Maryland Washington MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) North Forrestville, Md. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Western Md State Mospital 78th Place .. 3434 YES NO TO 4 DATE 3. NAME OF Middle Last First DECEASED OF DEATH Oct. 18, ESTEEN Buttaloe (Type or print) 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Dovs white female WIDOWFD DIVORCED 14/4 17, 1907 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY ? during mast of working life, even if retired) U Swoustry vernment North Carolina Clerk 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Rogers Sam Ferrell 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dotes of service) 577 07 0488 Russell H Buffaloe N Forrestville, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: LOBULAR PRELIMONIA IMMEDIATE CAUSE (a) DUE TO cerebral thrombosis Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause apteriosclerosis, general last WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION Partial intestinal obstruction NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. Nat While 21. I certify that (1) (this hospital) attended the deceased from april 5, 1966, to OCC. 18 saw the deceased alive an Oct. 18. 1966, and that death occurred at 2:52M, from causes and on the date stated above. 22h DATE SIGNED 22a. SIGNATURE ATTENDING 8 Oct. 18,1966 22d. ADDRESS Western md. State Hospital 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY > 23d. LOCATION (City or Town) (County) + 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Oct 21, 1966 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

DATE

requires that the death certificate be executed within 24 hours after death funeral 1 and and after by the f Pages I completely filled in by the move carbon papers. Page hy event, within 72 hours a move physician in please attending phy permit. Then burial, cremation, or removal signed by the burial-transit physician. Page 4 may be retained by the hospital or attending prior to has been the SD for use Health O FUNERAL DIRECTOR: After this certificate Dept. of detached director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66

14767 THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PERSON NAMED · Land Advantage of Sufferce 500.18 ESPEEN July 21 1801 59 . Charles Victory Till Schulak promound 201695 ceretice Themsesse 10 Presing Township Trespondence 201 1. 126 6 15 / in factored processed to bear ned 72 81-320 79 8 JANES duter from en lugion me stoc here he × (27.18/36-Vienue in Famosyma. Happy Street, maryland THE AND THE SECOND OF THE SECOND SECO

A LEADER TO THE CONTROL OF THE PERSON OF THE

# FOR STATE HEALTH DEPT.

ODEPUTY MELT EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be the pages 1 and 2 with the State Department and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. of Health or its designated agent, prior to burial, cremation, or removal, director. Page 4 shoul retained for your files. TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
14765
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
14769

	PLACE OF DEAT a. COUNTY Washingt	on		MARYL	AND	a. SIAIE yla	nd	b. CDUNTY	: Residence befor	re admission)
	b. CITY OR TOW Write RURAL Hagersto	N (If outside cor and give neares	porate limits, t town)	c. LENGTH OF STAY Minutes	IN 1b C.	Sharps		ta limits, writa RUR	AL and giva ne	arest town)
			TUTION (If not	In hospital, giva street ad	dress) d.				a. IS	RESIDENCE
003	Western	Md. R. R	. Parki	ng Lot: Eliz.	Ave.	109 8	. Church	St.	YES [	A FARM?
3.	NAME OF DECEASED (Type or print)	Don	First ald	Middle Babbington	I	Last	4. DATE OF DEATH	Month October 2	Day	Year 19 66
5.	SEX	6. COLOR OR R.	ACE 7. MARR	IED NEVER MARRIED	8. D	TE OF BIRTH	9. AG	E (In years   IFUNDI st birthday)   Months	ED 1 VEAD HELIN	
	Male	Whit	0	VED DIVORCED		. 20, 19	14   52	yrs. O		
10a. duri	USUAL OCCUPATING most of work	TION (Give kind of a ing life, even if r	work done   10 etired)	b. KIND OF BUSINESS OR INDUSTRY	11.	BIRTHPLACE (	State or foraign o	country) 12.	COUNTRY?	HAT
	Railroad FATHER'S NAM	Carman		Railroad			lle, Md.		U. S	A .
13.	FAIHER'S NAM	E			14.	MOTHER'S MAI	DEN NAME			
15	David By	rd	ED FORCES?	10 0001H OFOUR TV NO	17. INFO		Babbing	ton		
(Yes	i, no, or unkown)	(If yes give war or d	lates of service)	16. SOCIAL SECURITY NO.					sburg,	
_	No.			216-14-5895		Frances	M. Byrd,	109 S. Ch		
		FATH WAS CALISE	D RV.	per line for (a), (b), and (c).					ONSET AN	BETWEEN ND DEATH
		IMMEDIATE CA	USE (a)_Co	ronary Occlus	ion Ar	t. Desce	nding		Insta	nt
	420		DUE TO							
	Conditions, if gava risa to			ronary Athero	sclero	sis, Ser	rere	Se	veral y	ears
	cause (a), s	tating the	DUE TO						10.00	
Z	undarlying caus		(c)	RIBUTING TO DEATH BUT NO	TRELATED T	O THE TERMINAL	DISFASE CONDITI	ON GIVEN IN PART 16	a)  19, WAS	AUTOPSY
4T0	.,	DIGITITION TO COL	21112110 001111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TREBUIED	D THE TERMINONE			PERI	FORMED?
FIC	20a. EXTERNA	L CAUSE WAS	20	b. DESCRIBE HOW INJURY	COCCURRED	(Enter natura o	of Injury in Part I	or Part II of Item :		МоП
ERT	PRIMARY OF OF	CONTRIBUTING	J			(2	,,		,	
MEDICAL CERTIFICATION				d. INJURY OCCURRED   20	e. PLACE DE	INJURY (Homa, 1	farm, 20f. (City	or town) (C	County)	(State)
EDIC	Hour a.i	m.	W	hila - Not While -	factory, str	eet, offica bldg.,	etc.)			
Σ.	p.			work at work remains described above	re held an	Autoney 32	Inspection	, Inquiry	and in r	ny ppinion
			_	Accident ,				determined manne		iy bpittibil
	geath result	ed Holli: Mai	turar causes	Accident [],	Suicide		AL EXAMINER			
	ACTUAL	1. 2	WA.	115			EDICAL EXAMINER	,	22. DA	TE SIGNED
	SIGNATURE	-					CAL EXAMINER	Oct. 2	8, 1966	
	EXAMINER'S NAME (Type)	Dr. E. W	Ditto	Jr.		Address (Stree	et, city, town, or	county) Hager	stown	
23a.	BURIAL, CREN	MATION . 1 23b. D.	ATE THEREOF	23c. NAME OF CEN	METERY OR C	REMATORY	23d. LOCAT	ION (City, town or	county)	(State)
	REMOVAL (SP	-	- 30- 6	6 Locust G	rove C	emetery	Rural	Rohrersvi	lle, Md	
	FUNERAL DIRE									
Jo	hn H. Ba	st, Jr.	112 N.	Main St. Boon	sboro.	Md DATE	NOV 1	1966 200	iarles &	udal.

VR AISME (5) 5M 1/65

(Signature and section of the sectio distant to the state of the sta and the second sections and the second sections of the second sec - Sittle Wash All waters to the same of present and the time with dawling and second second second second second second

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 66 funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after after WASHINGTON MARYLAND WASHINGTON the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page in 72 hours write RURAL and give nearest town) HAGERSTOWN 1 DAY HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within N. MULBERRY STREET WASHINGTON COUNTY HOSPITAL YES NOK completely f executed within NAME OF First Middle Last DATE Month Day Year DECEASED and complet remove carb any event, v WILLIAM FREDERICK CHANEY. DEATH OCTOBER 11 19 66 (Type or print) JR. 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. MALE AUG. 4, 1905 WIDOWED [ DIVORCED physician n. piease 5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be INDUSTRY U.S.A. CHIEF STATIONARY ENGINEER RATIROAD WASHINGTON CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending remit. Ther WILLIAM F. CHANEY, SR. M. ELEANOR SHELEY ren HAGENDEOWN. MARYLAND 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attend ourial-transit permit. burial, cremation, or n (Yes, no, or unkown) (If yes give war or dates of service) 305 N. MULBERRY ST. 705-10-5970 MRS. HELEN CHANEY INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the PART I. DEATH WAS CAUSED BY: un ocardial infanction the hospital or attending physician. IMMEDIATE CAUSE (a) been signed; the burial-trainer to burial, c DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate halph for use of Health p PERFORMED? CERTIFICAT NO L 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) nis tack 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be delied with the State Hour a.m. Not While ò p.m. 19 at work at work retained (0)11. 1966, that (1) (we) last 8/24.1964 to 21. I certify that (I) (this hospital) attended the deceased from\_ 18) 11 19 66, and that death occurred at 30 AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE pe STAFF PHYS. filed PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) JOHN H. HORNBAKER M.D. W. WASH. ST. HAGERSTOWN. MD. 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUR TOYAL (Specify) 10/13/1966 REST HAVEN CEMETERY HAGERSTOWN, MARYLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Muncley 1966 CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR A15 (4) 20M 1/65

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705-10-5970 MSS. PELEN CHARGE 305 M. MILES MY ST.

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CHAPLES M. ROUZES MANUFAROMS, EMCTEAD | DUT 1 1888 204-4.5.5-

VR A15ME (5)

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of	STATISTICAL RESEARCH AND RECO	ORDS, 301 W. PRESTON STRI	EET, BALTIMORE, MARYLAND 21	201
14767	MEDICAL EXAMI	NER'S CERTIFICATE O	OF DEATH 1	1770
1. PLACE OF DEATH			Where deceosed lived, if institution: Residen	nce before odmission)
o. county Washington	MA	RYLAND O. STATE	nd Washington	
b. CITY OR TOWN (If outside corpo	orate limits,   c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If ou	utside corporate limits, write RURAL and giv	e neorest town)
write RURAL ond give neorest Hagerstown	town) 8 Hrs	II.		21.1
d. NAME OF HOSPITAL OR INSTITUT	TION (If not in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
W shington Co	ounty Hospital	119 Ea	st Washington St	ON A FARM? YES NO
3. NAME OF DECEASED	First Middle	Lost	4. DATE Month	Day Year
(Type or print) LDGA		IAPMAN	DEATH OCT 7 1966	19
S. SEX 6. COLOR OR Whi			9. AGE (In years IF UNDER last birthdoy) Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of v		m - p - 0 - 101	87 Yrs.	TIZENI OE WHAT
during most of working life, even if retir	red) INDUSTRY	Chamber of	or foreign country)Co Pa. 12. Cl burg Franklin	UNTRY?
Brick Laver 13. FATHER'S NAME	Retired	14. MOTHER'S MAIDEN I	NAME	UDA
James N. Cha	anman		h Gearhart	
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no, or unknown) ((If yes give wor	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
No -	- 01 00165 01 3614106)	Mrs E. Geral	dine Itnyer Hage	erstown 1d
	ly one couse per line for (o), (b), ond (c).)	2308 Jef	ferson Blvd	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	ATE CAUSE (o) FONGT727	ing gun-5	hot wound	ONSET AND DEATH
Conditions, if ony, which gove	011: 10			e. [
rise to immediate couse (o),	(b) OF HEED	with Bra	in 1) smage	8hr.
stoting the underlying couse (	(c)	•		
	DITIONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TERMINAL DISEASE CON	IDITION CIVEN IN DADT 1/-1	19. WAS AUTOPSY
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DITIONS CONTRIBOTING TO DEATH BUT NOT KE	CATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS		OCCURRED. (Enter noture of injury in I		
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		ted quu short	wound - 32 cal	· Pistol
20c. TIME OF INJURY Month, Da	y, Yeor 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form	20f (City or town) (Cou	inty) (Stote)
110000 200		foctory, street, office bldg., etc.)	Hagerstown w	2sh Md
21. I certify that I toa	k charge of the remains described a	bave, held an Autapsy ,	Inspection , Inquiry ,	and in my opinian
death resulted from:	Naturol causes, Accident	, Suicide 🔀 , Homicide	, Undetermined manner	
ACTUAL CO	7 - 0:11 -	CHIEF MEDICAL	EXAMINER .	22. DATE SIGNED
SIGNATURE COLVERNIL	W. PittoIII,	M.D. ASSISTANT MEDI	ICAL EXAMINER	
EXAMINER'S NAME (Type) DR . E	.W. DITTO, 111, 217	W.WASH ARITS (Street,	L EXAMINER	10-7-66
23o. BURIAL, CREMATION, 23b.	DATE THEREOF 23c. NAME HAG	ERSTOWN, MD.		(County) (Stote)
Burial 10/	10/66 Rose Hi	11 Ceretery	Hagerstown Was	h Go Ma
24. FUNERAL DIRECTOR	ISTOWN Md. ADDRESS	25a. REC'D		
Andrew K. Cof	fran Funeral Home	e Inc DATE	OCT 10 1956 00%	2010 1

1956

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11-11-1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120'

	1476	8		CERTIF	ICATE	OF DEATH		14	771	
	LACE OF DEATH			14400		a. STATE	Where deceased lived, if institu b. COL	JNTY		ssion)
-	CITY OR TOWN /	Washingto f outside corporate limits,	n	c. LENGTH OF STAY IN			ryland I utside corporate limits, write RI	Vashin	gton	`
D.		give nearest tawn)		C. LENGIN OF STAT IN	V ID	c. citi ok lown (ii d	biside (dipoldie illiliis, wille ki	JKAL and give	neorest tawn	)
		Hagerstown		1 day			erstown		211	
d.	NAME OF HOSPITA	AL OR INSTITUTION (If nat i	n haspital, gi	ve street address)		d. STREET ADDRESS			e. IS RI	SIDENCE A FARM?
	Wash	ington Co. H	ospita	1		R.D.	# 3			NO 🔀
D	AME OF ECEASED 'ype ar print)	First Hattie		Middle C.		lopper	4. DATE Mor OF DEATH October		1 TO 10	Year 9 6 6
S. SI			7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
F	emale	White	WIDOWED [	DIVORCED		7/1881	last birthday) 85 yrs.	Manths	Days Hour	s Min.
10a. l	USUAL OCCUPATION	(Give kind of wark dane	IND	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County	& State, ar fareign cauntry)	COL	IZEN OF WHAT JNTRY?	
12	FATHER'S NAME	ewife	I IIC	ousekeepin	g	Franklin 14. MOTHER'S MAIDEN	Co. Penna.	U.S	.A.	
13.	TATHER S NAME				0.0					
	J	erry Provar	d			Margare	t Grahm			
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates af s	ervice) 16. SC	OCIAL SECURITY NO.	17. IN	IFORMANT	Add	ress		
(100)	No	(1. 10. 3.10 ) (1. 0. 0. 0. 0. 0. 0.			M	s. Betty	Callas, R. D#3, H	agerst	own, Md.	
	1B. CAUSE OF DE	ATH (Enter only ane cause	per line for (	o), (b), and (c).)					INTERVAL	RETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Gan	grene of	the	left leg			5 day	VS
	4167									
	Conditions, if ony,			oral arte	orw	ombolis				
	rise to immediat	e cause (a),		VIAL ALVE	er A	embolus		11-11		
	stating the under	lying couse [		oible whe	011770	tio boomt	diacons			
	last.					tic heart			19. WAS A	UTORCV
S	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT RELA	ALED TO TE	IF IERWINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		PERFOI	RMED?
ATI		Diabetes	mell	itus					YES	NO X
CERT			205. DESC	CRIBE HOW INJURY OC	CURRED. (E	inter nature of injury in	Part I ar Part II af item 1B.)			
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Year	20d. INJ	URY OCCURRED		OF INJURY (Home, farr		(Cau	nty)	(Stote)
WED	Haur a.n	10	While	Not While at wark	facta	ry, street, office bldg., etc.	.)			
-			tol) attend	ad the decensed	from O	ctober 6	1966 toctobe	r Q 19	66 that (1)	(we) las
	21. I certify that (I) (this haspital) attended the deceased from October 6, 1966, toctober 9 19 66 that (I) (we) lass sow the deceased alive on October 9 1966, and that death occurred at 1:25%, from causes and on the date stated above									
-	220, SIGNATURE 22b, DA							TE SIGNED		
	ATTENDING DIRECTOR DISTAFF DOC								. 10,	1966
	22c. PHYSICIAN'S NAME (Type)	Rizalito	A. Ama	arillo		22d. ADDRESS Shar	psburg, Mar	yland		
23g.	BURIAL, CREMATIC			23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCATION (City or To	own)	(Caunty)	(State)
	REMOVAL (Specify		066	Desade		Camada a mas	Washington	Co M	d	
0.4	Burial		900	Broadford	Tub (	emetery ord	D BY DECISTRAD TOSE D	COLCEDADIC CI	CNATURE	

OCT

DATE

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then pleose remove corbon popers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death Page 4 may be retained by the hospital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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• (Fee 54)		THE SECTION			No
		eap order			
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			A Las Maria		
200 - 170 200 - 170			i henne		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours ofter death. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral ove corbon popers. Pages 1 and y event, within 72 hours after death PLACE OF DEATH b. COUNTY Washington a. COUNTY Maryland Washington MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Hagerstown 6 Davs Hagerstown d. STREET ADDRESS 7 45 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Winter Washington County Hospital NO X 4. DATE 3 NAME OF First Middle Month Day DECEASED Colliflowe Oct. 66 Maxwell Chauncey (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last mithday) Haurs July 14, white Vuo Male DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY S.A. W.M.RR.Co.Smithsburg. Wash. Yard man physier en plec 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the ottending phy burial-transit permit. Then p burial, cremotion, or removal Mary Colliflower John Colliflower 17 INFORMANT Antieta 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service) Colliflower Catherine E. St 3-16-0838 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Hagerstown ONSET AND DEATH PHEUMINIA BILLY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physician. DUE TO Our + TUS TOLLY Conditions, if any, which gave SPIRATION rise to immediate cause (o), DUE TO for use os the b f Health prior to b stating the underlying cause hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Sougnasis E PERMI more thes NO ULTIPLE TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) foctory, street, office bldg., etc.) Haur o.m. Not While at wark pe from 1 A Course 1965, to 1 Oct , 1966, that (1) (we) lost and that death occurred at 2 10 M, from causes and an the date stated abave. 21. I certify that (I) (this hospital) attended the deceosed from\_ shauld with the saw the deceased alive of 1960 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF 25 A66 M.D. DIRECTOR director, page should be filed filed 22d. ADDRESS 22c. PHYSICIAN'S N. Poromeredi. NEME NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Smithsburg Smithsburg Cemetery Maryland 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE. **ADDRESS** Coffman Funeral Home VR A1S (4) 20 M 1/66 Hagerstown. Maryland

remarks the same AND THE PARTY OF T

1	Nan-		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 14770 CERTIFICATE OF DEATH	ARYLAND		
24 hours after dea filled in by the fune papers. Page 1 and in 72 bours of each	1.	WASHINGTON MARYLAND B. COUNTY WAS	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissio a. STATE MARYLAND b. COUNTY WASHINGTON			
		b. CITY OR TOWN (if outside corporate limits, write RURAL a HAGERSTOWN  C. CITY OR TOWN (if outside corporate limits, write RURAL a HAGERSTOWN	21-1			
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL  d. STREET ADDRESS 46 VALLEY DRIVE	e. IS RESIDENC ON A FARM? YES NO			
ited within completely ve carbon p event, withi			NAME OF DECEASED (1796 or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   18. DATE OF BIRTH   9. AGE (in years   FUNDER 1.)	Day Year 17 19 66		
xecu and emo any			MALE WHITE WIDOWED DIVORCED 10/16/66 yrs. Months D a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITI	YEAR IF UNDER 24 HR lays Hours Min. 15 12EN OF WHAT INTRY?		
physical phy	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.A.			
ath	signed by urial-transi urial, crem		KENNETH T. COOPER  5. WAS DECEASED EVER IN U.S. ARMED FORCES?  6. NO, or unknown) (If yes give war or dates of service)  NONE  MR. KENNETH T. COOPER  NO. 17. INFORMANY  NO. 17. INFORMANY  NO. 17. INFORMANY	TOWN		
CLAN: The law requires that the ospital or attending physician. certificate has been signed by the did for use as the burial-transit to it Health prior to burial, cremains			18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Cenditions, If any, which gave rise to immediate  (b)	INTERVAL BETWEEN ONSET AND DEATH		
	prio	ATION	cause (a), stating the underlying cause last.  Due to  Underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO			
		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED At work p.m. 19 20d. INJURY OCCURRED At work 120d. INJURY	ty) (State)		
OR ATTENI be retaine DIRECTOR: ge 3 should led with the		saw the deceased alive on 1966, and that death occurred at 2001 M, from the causes and on the	, that (I) (we) last date stated above			
TO HOSPITAL Page 4 may	director,	23	BURTA (Specify) 10/19/66 REST HAVEN CEM. HAGERSTOWN  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	MD.		
VR A15 20M		6	-222571 Hagesplane Med. DATE OCT 20 1966 Johnson	es Judge		

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14771	CERTIFICATE	OF DEATH	14	774
		PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution: Resid	ence before odmission)
		Machines wo	MARYLAND	Mai		chugh
	Ŀ	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and g	jive neorest town)
		Houston	30 hor	4400	elistom	21.1
19	(	d. NAME OF HOSPITAL OR INSTITUTION OF not in h	ospitol, give street oddress)	d. STREET ADDRESS	Wel + M	e. IS RESIDENCE ON A FARM?
77		Moshington a	Middle	26 11	4. DATE Month	YES NO Pegr
	-	NAME OF First DECEASED	Ruchery	Cordova	OF DEATH October	9 19 66
-	_	(Type or print)  SEX  6. COLOR OR RACE  7. M		B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
	5	Emple W WI	DOWED DIVORCED	10-8-66	lost birthdoy) Months yrs.	Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	Stote, or foreign country) 12.	CITIZEN OF WHAT
	durii	ng most of working <u>life, even if retired</u> )	INDUS IKT	Wishigh	Markey	COUNTRY 2
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME MILL	
	15/	1000	14 coch county no 17	NFORMANT /	Address	
4	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi		MINIMANI AL	Address	
-		1B. CAUSE OF DEATH (Enter only one couse per	line for (a) (b) and (c))	10,000		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	mile 101 (0,1-10), ond (c).)	7 mw		ONSET AND DEATH
30		776 X DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
- 1		Conditions, if ony, which gove (b)				
		stoting the underlying couse				
		lost. (c)	DUTING TO SELTE BUT HOT BELLTED TO T	THE TERMINAL DISCLES COM	OUTION OWEN IN DADY 1/-)	19. WAS AUTOPSY
0	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?
	N N	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	Part L or Part II of item 1B.)	YES NO 4
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	While - Not While - foctor	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	, 20f. (City or town) (	County) (Stote)
	×	p.m. 19	OLMOIK CO OLMOIK		2 12 9 181	<u> </u>
		21. I certify that (I) (this hospital saw the deceased alive an			9 ta 6	the date stated above
		220. SIGNATURE			22b.	DATE SIGNED
		A. TWA	M.E	). PHYS.	MED. DIRECTOR PHYS.	10/9/66
	n	22c. PHYSICIAN'S NAME (Type) / E VELI	1.770 8	22d. ADDRESS	Westerd	411 / 1/2.
1			1110 pc	21070		warm of
	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
-	24	SWITAL 10/10/66	Rest Haven	2Sd. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	
1		Rest Haven Juneral Cho	pel Hagerstown			arles Judge
9. F	0 .	-212523	The same of the sa			- U V

Lie Come summer in the summer of the summer be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14772
CERTIFICATE OF DEATH
14775

1.	PLACE OF DEATH	WASHINGTON MARY					2. USUAL RESIDEN a. STATE M	CE (Where			esidence before	
	HAGER	STO	Nearest tow	n)		DAYS		THSB		ite RURAL	21.	/
	WASHING				hospital, give street	address)	d. STREET ADDRESS RT. #2				ON	A FARM?
3.	NAME DF DECEASED (Type or print)	16		DYS	RUTH		CROFT	4. DAT	тн ОСТ	OBER	2 1	Year 19 66
5.	SEX FEMALE		R DR RACE	7. MARRII WIDOWE	ED NEVER MARRI		4/12/191	2	9. AGE (In years last birthday) 54 yrs.	Months	Days Hou	rs Min.
dui	HOUSEW	THE	kind of work of the line of th	done 10b.	HOME	OR .	MARYL	AND		)   12. CIT	U.S.	
13	FATHER'S NAM		0011117	~~~			14. MOTHER'S MAI					
15			ROGUNI		C OCCUPATION OF CHILD IN THE	10 1 17	ANNA R	OSEN.		******	~	
(Y)	NAS DECEASED s, no, or unkown) NO	(If yes giv	e war or dates of	service)	6. SOCIAL SECURITY I		R. DON K.	CRO	SMITH FT RT	•#2	MD.	
					r line for (a), (b), and	(c).]					INTERVAL ONSET AN	
	PART I. DE	IMMED	CAUSED BY:	(a) PUI	MOMARY INS	USSID	NCY				6 we	eks
	175	0	DUE						7 7 7 9	VER		
	Conditions, If			(0)			RY WITH MET	ASTAS	IS TO OVE	5v	_ 6 mo	nths_
_	cause (a), si underlying caus	tating t se last.	he DUE	(c)	ND LUNGS BI							
CERTIFICATION					BUTING TO DEATH BUT	INDTRELAT	ED TO THE TERMINAL	DISEASE C	ONDITION GIVEN IN	PART 1(a)		AUTOPSY FORMED? NO
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	WAS UNI ING CA TIFY MED	DERLYING DEAT JUSE OF DEAT DICAL EXAMIN	TH (ER)	DESCRIBE HOW INJ	URY OCCU	RED. (Enter nature o	of Injury In	Part I or Part II o	f Item 18.)		
MEDICAL	20c. TIME OF Hour a.r p.i	n.	Month, Day,	Year 20d Whi		20e. PLAC factor	E OF INJURY (Home, f y, street, office bldg., c		. (City or town)	(Cour	ity)	(State)
	21. I certif	y that (	) (this hosp	ital) atter	nded the deceased	from	SEPT. 23 , 1	19.66, 1	O OCT. 2	_, 19_6	, that (I)	(we) last
	saw the de		live Dn	OCT, 2	3 19 66,	and that	death occurred at		from the causes			ted above.
	22a. SIGNATUI	The	H.	The	hue	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	ATE SIGNED	
	22c. PHYSICIA NAME (T	this ype) OHN	H. KEH	IE	7		22d. ADDRESS 1229 RA	VENSW	OOD HGTS.	, HAGI	ERSTOW	N. MD.
23	BURIAL, CREM REMDVAL (Spo	ecify)		HEREOF 4/66	ROSE	CEMETERY HILL	CEM.	H	LOCATION (City, to AGERSTOW	N		(State) MD •
24	BUR TALL FUNERAL CLARE	DDR SS	nous	4.7	ADDRESS	Bun	DATE O		GISTRAR 255. RI ) 1986 <i>J</i>	Clary		tge.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1477	3		CEI	HIFICAIL	OF DEATH			1477	16
1.	a. COI	OF DEATH	Washir	rgton		MARYLAND	2. USUAL RESIDENCE (W. a. STATE Mary)	and	b. COUI	Washi	ngton
	WI	ite RURAL and	autside carparate give negrest tawn)	limits,	c. LENGTH OF	te	c. CITY OR TOWN (If autside carparate limits, write Hagerstown			write RURAL and give nearest tawn)	
	d. NA		L OR INSTITUTION	(If not in hos	bital, give street address Hospital	s)	d. STREET ADDRESS 640 A	1. Mulbe	erry St.		e. IS RESIDER ON A FAR YES N
3	DECE/		1	First Mary	Midd Jan		Daugherty	4. DATE OF DEATH	Octobe	er 1	Day Year 2 19 6
5.	SEX Je	male	6. COLOR OR RACE	WIDO	OWED DIV	ORCED	B. DATE OF BIRTH  June 24, 1930		AGE (In years last birthday)  36 yrs.	Manths Da	ys Haurs
d	uring mo	st of working l	(Give kind af wark of ite, even if retired) <b>ewise</b>	dane 1	Db. KIND OF BUSINESS INDUSTRY Own Ho		11. BIRTHPLACE (County & Washington	co.Ma		12. CITIZEN COUNTI USA	OF WHAT
		IER'S NAME			say Sr.	1-11-	14. MOTHER'S MAIDEN N Bertha		Keyser		
(	S. WAS Yes, na,	DECEASED EVE or,unknawn)	R IN U.S. ARMED FOR (If yes give war ar do	CES? ates of service)	16. SOCIAL SECURITY 220-26-58		INFORMANT Melvin E.Dau	gherti	Address 640 A	Shagers Mulber	town, Ma
		PART I. DEAT	H WAS CAUSED BY:		ne far (a), (b), and (c).	V /	at Cont of	Ten			ONSET-AND DEA
	rise stati last.	3327 ditians, if any, ta immediating the under	which gave e cause (a), lying cause	AUSE (o)  DUE TO  DUE TO (c)	Massive	ng a	nt. Color C	lobe -	Brown (a)		ONSET-AND DEA
CATION	rise stati last.	332) ditions, if any, to immediating the under	IMMEDIATE CA which gave e cause (a), lying cause	AUSE (o)  DUE TO  DUE TO (c)  INS CONTRIBU	Greingen Greath But No	of Related to	Then fronts of following sur				ONSET-AND DEA
CEPTIFICATION	PAR  20a. OR (	332 / ditians, if any, ta immediating the under	which gave e cause (a), lying cause	AUSE (o)  DUE TO  (b)  DUE TO  (c)  DIS CONTRIBU	TING TO DEATH BUT NO	of RELATED TO	THE TERMINAL DISEASE CONI	art I ar Part I	I af item 1B.)		3 W/S  19. WAS AUTOP: PERFORMED YES NO
MEDICAL CERTIFICATION	PAR  20a. OR (	332 ) ditians, if any, ta immediating the under	IMMEDIATE CA which gave e cause (a), lying cause  SNIFICANT CONDITIO  UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER) REY Month, Day, Ye	AUSE (o)	Greingen Greath But No	or RELATED TO RY OCCURRED.  20e. PLA	THE TERMINAL DISEASE CONI (Enter nature of injury in P ICE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	art I ar Part I	I af item 1B.) (City ar tawn)	(Caunty)	19. WAS AUTOPPERFORMED YES NO
MEDICAL CERTIFICATION	PAR  20a.  (IF E  20c.	332 / ditions, if any, to immediating the under T II. OTHER SIGNATE ON THE TIME OF INJUING. THE OF INJUING THE OF INJUING. THE OF INJU	which gave e cause (a), lying cause  ENIFICANT CONDITIO  UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Ye.	AUSE (o)  DUE TO  (b)  DUE TO  (c)  DUS CONTRIBU  2  hospitol) (c)	TING TO DEATH BUT NO  Ob. DESCRIBE HOW INJURY  Odd. INJURY OCCURRED  While at work  at work  attended the dece	of RELATED TO  RY OCCURRED.  20e. PLA foc	THE TERMINAL DISEASE CONI (Enter nature of injury in P ICE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	art I ar Part I	(City or town)	, 19 <u>66</u> and on the	19. WAS AUTOPPERFORMED YES NO. (Sto.), that (I) (wodote stated of
Medical degilication	PAR  20a OR C (IF E 20c.	ditions, if ony, to immediating the under the	which gave e cause (a), lying cause  ENIFICANT CONDITIO  UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Ye  Ty that (I) (this second of the cause o	AUSE (o)  DUE TO  (b)  DUE TO  (c)  DUS CONTRIBU  2  hospitol) contribution	TING TO DEATH BUT NO  Ob. DESCRIBE HOW INJURY  Odd. INJURY OCCURRED  While at work  at work  attended the dece	of RELATED TO  RY OCCURRED.  20e. PLA fac seed from , and the	THE TERMINAL DISEASE CONI (Enter nature of injury in P  CCE OF INJURY (Home, form, tary, street, affice bldg., etc.)  Out death occurred at 1  ATTENDING D. PHYS.  L 22d ADDRESS	2Df. to M,	(City or town)	and on the	19. WAS AUTOPPERFORMED YES NO. (Sto.), that (I) (wodote stated of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/	177.00	le .		CERTIFIC	AIL	UF DEATH			147	11	
1.	PLACE DE DEATH				- 1	2. USUAL RESIDENCE	E (Where deca	ased lived, if insti-	tution: Resi	dence before	admission)
	e. COUNTY	WASHINGTON				a. STATE	YLAND	b. COUNT	WASH'	INGTON	
-	b. CITY DR TOWN	WASHINGION	imits I	c. LENGTH OF STAY		c. CITY OR TOWN (If					
	Write RURAL	(if outside corporate i and give nearest town) TOWN	,	4	11 10				, Koltra, all	d Bito tions	
				1½ DAYS			GERSTOW	N		21-	/
		PITAL DR INSTITUTION (		spital, give street ad	dress)	d. STREET ADDRESS				e. IS RE	ESIDENCE FARM?
	WASHINGTO.	N COUNTY HOS	PITAL			447 W. 1	WASHING	TON ST.		YES 🗌	ND X
3.	NAME DF DECEASED	First		Middle		Last	4. DATE OF	Month			ear
	(Type or print)	EDITH		VIOLET		DORSEY	DEATH	OCTOBER	20	D 19	66
5.	SEX	6. COLOR OR RACE   7.	MARRIED F	NEVER MARRIED	<b>  8</b>	DATE OF BIRTH	9.	AGE (in years   IF	UNDER 1 Y	EAR IFUND	
	FEMALE	a fer money	WIDOWED I	Harry Control of the		NOV. 6, 190	3	last birthday) M	onths Da	ays Hours	s Min.
10	a. USUAL OCCUPATI	ON (Give kind of work don	e   10b. KI	ND DF BUSINESS OR	<u> </u>	11. BIRTHPLACE (Co			12. CITI	ZEN OF WHA	NT.
du	ring most of working	ON (Give kind of work doning life, even if retired) PERATOR	CRO	CERY STORE		MACHT NOW	ON GO	MADSET AND	COUN	NTRY?	
	. FATHER'S NAME		Lattor	DERT DIONE	1	WASHINGTO	EN NAME	MARILANI	<u> </u>	U.S.A.	
-			ADMITA								
16	WAS DECEASED S	JOSEPH H. M		SOCIAL SECURITY NO.	1 17	VIRGIE B.	ALEXA	NDER	- 12 10 10		
(Y	es, no, or unkown)	(If yes give war or dates of ser	vice)					GERSTUWN.		LAND	
	NO		21	15-42-3196	MF	S. ROSE ROH	IRER 4	1 HARVARI	D RD.		
	18. CAUSE DF D	EATH [Enter only one ca	ause per lir	ne for (a), (b), and (c).	]					INTERVAL B	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Cons	estive Hea	rt. F	ailure			EXECUTE:		ours
	5811	DUE TO		ed seconda					1	UNKNOW	
	Conditions, If a			hosis of t						6 mon	
	gave rise to	Immediate (	-	MODIO OI O	110_1	2102	1-1-		A 1	O MON	<u></u>
	cause (a), sta underlying cause	aring me	Alco	holism and	ina	dequate die	t.			unknov	m
NO		IGNIFICANT CONDITIONS						TION GIVEN IN PA		19. WAS A	
CERTIFICATION									/		RMED?
FIG	2Da ACCIDENT	WAS UNDERLYING	1 20b. D	ESCRIPE HOW INTIDA	/ 000110	RED. (Enter nature of	inlury in Dar	t Los Part II of I	tom 19)	YES [	NO 🔀
ERT	DR CONTRIBUTION	NG CAUSE OF DEATH	200.	ESORIBE HOW INJURI	OCCUR	MED. (Enter nature of	mjuly iii rati	t i of Part II of I	tem 10.)		
2 1				W							171.1.1
MEDICAL	20c. TIME DF II	NJURY Month, Day, Yea	133		e. PLAC	E OF INJURY (Home, far , street, office bldg., et	rm, 2Df. (C	Ity or town)	(County	1)	(State)
ME	p.m		While at work	Not While et work					4.7		
10	21. I certify	that (I) (this hospita	) attende	d the deceased fro	m O	ct. 19 19	66. to_	Oct. 20	. 19_66	that (I)	(we) last
	saw the dec	eased alive on 100	et. 20	1966 an	d that	death occurred at 1	2:2M Prof	the causes ar	d on the	date state	d above.
	22a. SIGNATUR		1	17					22b. DATE		
	1//1	16 Je Keym	on h	n. T.	M.D.	ATTENDING A	MED. DIRECTOR	STAFF PHYS.	10/2	1/1966	5
	22c. HYSICIAN		/			22d. ADDRESS					
1	NAME (Ty	WILLIAM 1	LAY	MAN M.D.		PROFESSI	ONAL AF	TS BIGD.	HAG.	MD.	
23	BURIAL, CREMA	ATION, 23b. DATE THE	REOF	23c. NAME OF CEN	ETERY			ATION (City, town			State)
	BURTAL (Spec	10/22/19		BROADFORD				IINGTON C			
24	. FUNERAL DIREC	1 - 1 - /	00	ADDRESS	LIVU	25a. REC		RAR   25b. REG			

OCT 26

DATE

1966

HAGERSTOWN, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or lemoval, and in any event, within 72 hours after death-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

M. ROUZER

OBALLES . MOTEST . M.

CART SHATERY OF BOT STREAM ASSESSED TO BE ASSESSED.

RESTAURANT A SILVE NAME OF A S

- MALES 1196 LEGG. REST TOURS OF PARTYED RD.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4775 CERTIFICATE OF DEATH

14113	,		CERTIFIC	AIL	UF DEA	ПП			171	10		
	Mashington		MARYL	AND	2. USUAL RESID a. STATE	DENCE (W		1 0000	NTY	erk e		dmission)
b. CITY OR TOV Write RURAL	NN (if outside corpora L and give nearest tow Boonsboro	te limits, (n)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If outsi			rite RURAL	and giv	e neare	st town)
	SPITAL OR INSTITUTION 'S Nursing F		hospital, give street add	dress)	d. STREET ADDRI	ESS D2 We	a+ K	ing Ct.			ON A	FARM?
3. NAME DF DECEASED (Type or print)	Nora Nora	rst	Middle Marjorie		Last Easter	4.	DATE DF DEATH	Mont		Day	Ye 19	ar 66
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8.	DATE OF BIRTH		9.	AGE (In years last birthday)	IF UNDER			
Female	White	WIDOWE	DIVORCED	I A	pril 12,	1878		88 yrs.		Days	Hours	Min.
during most of work	TION (Give kind of work king life, even if retire duties	done 10b.	KIND DF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE Hampshir				y) 12. C	TIZEN C DUNTRY	U.S.	
13. FATHER'S NAM	ME			1	14. MOTHER'S N	MAIDEN N	AME					
John M	lilleson (de	ceased	1)		Sarah Mo	orela	nd					
	EVER IN U.S. ARMED FD		S. SOCIAL SECURITY NO.	17. I	NFDRMANT			Addre	SS			
No No	(11 yes give was or dates o	1 service)		Hom	er Easter	r	Ma	rtinsb	urg.	N. V	a .	
	DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	. (	line for (a), (b), and (c).	4 C	Occlus	· aest	1			INTER	T AND	
Conditions, If gave rise to cause (a),	Immediate DUE	(b)	Peneral	inje	a ar	ten	ore	lesori	1		84	rs
PART II. OTHER  20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO		(c) DNS CONTRIE	BUTING TO DEATH BUTNO	TRELAT	ED TO THE TERMIN	NAL DISEA	SE CONDI	TION GIVEN IN	PART 1(a)	19. YES	WAS AL PERFOR	
	TWAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	Y OCCUR	RED. (Enter natur	re of Injui	ry in Pari	l or Part II	of Item 18	.)		
Hour a.	INJURY Month, Day, .m. 19	Year   20d. While at wo	Not While	e. PLACI factory	OF INJURY (Hom , street, office bld	e, farm, g., etc.)	20f. (C	Ity or town)	(Cou	inty)	(5	State)
saw the de	eceased alive on	ital) attend 10-21	ded the deceased fro		death occurred			Qct 2> n the causes	and on t	he date	stated	
22a. SIGNATU	Yorkert1	P.L	oured	M.D.	ATTENDING PHYS.	DIREC	CTOR [	STAFF PHYS.	1 2	0 -		66
22c. PHYSICI NAME (T	Tober	-tP.(	Corrrad		22d. ADDRESS	s /3	149	erstou		מדקו	d	
23a. BURIAL, CREI REMOVAL (Sc	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY (	R CREMATORY	2	3d. LOC	ATION (City, t	own or co	inty)	(S1	tate)
Burial 24. FUNERAL DIR	9СТОВ 25-		Rosedale C	em e t	ery   25a.	REC'D B	Mart Y REGIST	insburg	0		-	Va .
Brown F	uneral Home	Ma	rtinsburg, W	V.Va.	DATE	NOV	11	1966	Milia	rles	Jus	ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathy **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	8.	7	17	0
1	4	6	4	0

CERTIFICATE OF DEATH

7 7 2 8 8	A		4=1(1111					174			
PLACE OF DEATH     a. COUNTY					2. USUAL RESIDENCE (	Where dece			nce befor	e odmissio	in)
d. COUNTY	Washingto	on	MARYL	AND		ylan		W		ingt	on
b. CITY OR TOWN	(If autside corporate limit	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au	itside corpo	prote limits, write RU	RAL and gi	ve neares	t town)	
Hag	d give nearest town) Serstown		life		Hagers	town		0	21.1		
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital, gi	ive street address)		d. STREET ADDRESS					e. IS RESID	
Wash	nington co	ounty 1	Hospital		25 W.	Fra	nklin S	t.			NO [
NAME OF OECEASED	F	irst	Middle		Lost	4. DATE	Man	th	Day	Yeo	or a
(Type ar print)	Emma	Be	ertha	Ev	erhart	OF OEAT	H Oc		4		66
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years	IF UNDER Months	1 YEAR Ooys	IF UNDER Haurs	24 HRS Min.
female	White	WIDOWED	DIVORCED		June 10,1	888	78 birthday)	MOITINS	OUYS	110013	Will.
	N (Give kind of work done		ID OF BUSINESS OR		11. BIRTHPLACE (County	& State, or	foreign cauntry)		ITIZEN OF	WHAT	
wing mast atwarking Winder	ine, even a remed	si	LK mill		Hagerst	own,	Md.		JUNIKI :		
3. FATHER'S NAME					14. MOTHER'S MAIDEN I	MAME					
Ema	nuel Bowa	ard			El1a	Spr	inger				
	ER IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.	17. IN	IFORMANT	13 -	Addr	ess			
no	(11 les dise mai ai agies i	21	5-09-7304	J	acob Ever	hart	Hage	erst	own.	Md	
18. CAUSE OF O	EATH (Enter anly one cau	use per lige far (	a), (b), and (c).)	) " 0						RVAL BAP	NEEN
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0) her	nal +	aul	ule				2N	ANDIO	EATH
1 42.	2 / OUE	TO 0 -A-	- 0 1	-	0 0	11 13	0	0 -			
Conditions, if any		(b) tre	nosceil	w	Carelin	- (T-	suleno	leave	46	2 mi	0
rise to immediate		ТО									
last.	)	(c)							177		
PART II. OTHER S	GNIFICANT CONDITIONS	ONTRIBUTING TO	OEATH BUT NOT RELAT	TED TO TH	IE TERMINAL OISEASE CON	IOITION GI	VEN IN PART 1(a)		19.	WAS AUTO PERFORME	PSY
V	14/3el	20 /V	Telleter	8					YE		NO 🔀
20a. ACCIDENT WA	S UNDERLYING	205. OES	CRIBE HOW INJURY OCC	URREO. (I	inter nature of injury in I	Part I or P	art II af item 18.)				
	MEOICAL EXAMINER)	24.22									
20c. TIME OF INJ	URY Manth, Oay, Year				OF INJURY (Hame, farm		(City or town)	(Co	unty)	(5	itate)
Haur a.i	10	While at wark	Nat While at work	tacto	ry, street, affice bldg., etc.)				1		
21. I certi	ify that (I) (this hos	spital) attend	ed the deceased fr	rom_	0/1	9 66.	ta/0/4	. 19	96, th	ot (I) (v	ve) la
	eceased alive on_	10/4	1965 ar	nd that	death occurred at,	5:30	M, fram causes	and an t	he date	stoted	abov
22a SIGNATURE	^ / /		at the filter pr	7.16	ATTENDING 6	MED.	STAFF		ATE SIGNI		1
TS	you an	lus		M.D.	PHYS.	OIRECTOR	PHYS.	10	15	16.	6
22c. PHYSICIAN'S NAME (Type					22d. ADDRESS					2	
	Donard E.						c St., Ha		own,	Md.	
3a. BURIAL, CREMATIO	ON, 23b. DATE TH		23c. NAME OF CEMETE				OCATION (City or Tax		(County)	(St	ate)
REMOVAL (Specify Duria)		66		11 (	Cemetery		gerstown				
24. FUNERAL DIRECTO	)R		ADDRESS		2Sa. REC'O			GISTRAR'S S			
Minnia	h Funaral	Hama	Unganeta	2724	Md DATE OF	T 7.	1000 0	11.	1. 1	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Them-please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept, of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death cer<u>tific</u>ate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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Managh Tonorni Hago Barerstown, March Will

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14751

	1477	7		CEKITTI	AI	E UF DEA	I II			1011	
1.	PLACE OF DEAT	Н				2. USUAL RESID	ENCE (Who	ere deceased lived	, If institution:	Residence be	fore admission
	a. COUNTY	WASHING	TON			a. STATE	MADVI	A NITO	. COUNTY	114 0111	THOMON
_	h CITY OF TOW			MARYLA  c. LENGTH OF STAY I		c. CITY OR TOWN	MARYL		ite write DIID		INGTON
	write RURAL	N (if outside corpora and give nearest tow	(n)		N ID	C. CITT ON TOWN			its, witte Kon	ur and Rivo	incar cat toll
	HAGER			7 DAYS	- 0			ERSTOWN		21	-/
	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street add	iress)	d. STREET ADDRE	ESS			0. 1	S RESIDENC ON A FARM?
	WASHING!	TON COUNTY	HOSPITA	L		100 N.	POTOM	AC STREE	T		NOX
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. E	ATE	Month	Day	Year
	(Type or print)	JOSEPH		GRAFTON		EVERLY		DEATH OCT	OBER	12	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1000	19 AGE (In	vears LIFTINDE	R 1 YEAR IF	UNDER 24 HR
1	MALE	WHITE	WIDOWED			DEC. 11.	1880	0 =	hday) Months	Days 1	lours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work	done   10b. K	IND OF BUSINESS OR		1 11. BIRTHPLACE		1	yrs.   country)   12.	CITIZEN OF	WHAT
dur	ing most of work	Ing life, even If retire	d)   II	NDUSTRY						COUNTRY?	
	RETIRED (		1 0	S. GOV.		WASHING	TON C	O., MARY	LAND	U.S.	1.
13.	FATHER'S NAM		Parties.			14. MOTHER'S N	MAIDEN NA	ME			
		PH E. EVERL					WILLI				-
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	INFORMANT		FUNKS	ADDIAN, M	LARYLAN	4D
	NO			7-14-9249	N	R. CLAREN	CE W.	EVERLY	219 E.	CHEST	NIT ST
	18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).			020 111	<u> </u>	~2) 40	INTERV	AL BETWEEN
9		ATH WAS CAUSED BY	. 0	1		1 1	9				AND DEATH
	222	IMMEDIATE CAUSE	(a) 2	rebrel		hrombos	17			- 1 )	*/\ -
	352	DUE.	TO A	-t-1-10 0 -1		, , ,	2	15	1		
	Conditions, If gave rise to		(b) /T	TEV10 5 C	ier	0811 - 2	Jene	L51158	C 1		
	cause (a), si	PALE	TO					0			
	underlying caus		(c)								
9	PART II. OTHER S	SIGNIFICANT CONDITION	ONS CONTRIBU	ITING TO DEATH BUT NO	TRELA	TED TO THE TERMIN	AL DISEASE	ECONDITION GI	VEN IN PART 1(a	1) 19. W	AS AUTOPSY ERFORMED?
CA	P	rostatic	Hy	Pertrop	hJ	,				YES	
TE	20a. ACCIDENT	WAS UNDERLYING	20b. I	ESCRIBE HOW INJURY	OCCU	RRED. (Enter natur	e of Injury	In Part I or Pa	rt II of Item 1	8.)	
CER	(IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)								
MEDICAL CERTIFICATION	20c. TIME OF	INJURY Month, Day,	Year   20d. 1	NJURY OCCURRED   20	e. PLA	CE OF INJURY (Home	e, farm,   2	Of. (City or to	wn) (C	ounty)	(State)
<u></u>	Hour a.r		While	Not While at work	facto	ry, street, office bld	g., etc.)				
Σ	p.1				F	10-1-1			- 11 - 10	//	
				ed the deceased fro	m	1000		to act			
		ceased alive on	Ct 12	1966, and	d that	death occurred	at 3 35	M, from the ca			
	22a. SIGNATUI	RE		/		ATTENDING TO	MED.	STAFF		DATE SIGNI	
	Class	da.	1/0/	ne	M.D	. PHYS. LA	DIRECT	OR PHYS.	10	/12/19	66
	22c. PHYSICIA	/De) '	N/			22d. ADDRESS	5				
		LLOYD A	. HOFFM	AN. M. D.		214 N.	POTON	MAC ST.	HAGERS	TOWN,	MD.
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	230	LOCATION (	city, town or c	county)	(State)
	BURIAL (Sol	10/14	/1966	FUNKSTOWN	CE	METERY	I	TUNKSTOR	N. MARY	T.AND	
24	. FUNERAL DIRE			ADDRESS				REGISTRAR   2	b. REGISTRA	R'S SIGNAT	URE
(	CHARLES N	I. ROUZER	HAGERS	TOWN, MARYI	AND	DATE	OCT	14 196	6 you	arles	Judge
			2227422740	TOTAL STREET	A FARTH	I DATE					4
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ASTER CLARK U.S. UDV. MASKENOTER CO., Markhaut U.S.A.

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LUCE A. EDER . H. L. \_\_\_\_ EM H. FORMAC ST. ELL. STORY. MR.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14778

### CERTIFICATE OF DEATH

14781

1										
1.	PLACE OF DEATH					RESIDENCE Mary	Where deceosed lived, if i	COLINITY	dence before odn Washins	
	W	ashington		MARYL	AND I					
	b. CITY OR TOWN	(If outside corporate limit:	,	c. LENGTH OF STAY IN	I		utside corporote limits, wri	ite RURAL ond	give neorest tow	n)
	Boonsb	d give neorest town)		3 year:	5	Hager	rstown		2	1.1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospitol, g	ive street address)	d. STREET	ADDRESS				RESIDENCE A FARM?
	Reeder	s Nursing	Home			128 I	Ross St.		YES	NO 🗌
3.	NAME OF DECEASED (Type or print)	MARY		Middle	FAIR	ost	DEATH	Month Octob		Year 19 66
	SEX female	6. COLOR OR RACE  white	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED	8. DATE OF 9-13		9. AGE (In ye	oy) Month yrs.		ırs Min.
10e	o. USUAL OCCUPATION TIPE THE MOST OF WORKING	N (Give kind of work done Life, even if retired)		ND OF BUSINESS OR DUSTRY mfg.			y & Stote, or foreign country town, Md.	) 12.	COUNTRY?	T
13	. FATHER'S NAME					HER'S MAIDEN		7 6		
	Ch	arles Frus	sh		IV.	largai	ret Louden	slage	r	
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT	T		Address		115
(Y	es, no, or unknown)	(If yes give wor or dotes of	of service) 21	4-09-582	8 Mrs.	Co11	en Smith	Hage	rstown	Md.
	18. CAUSE OF I PART I. DE	DEATH (Enter only one country was caused by: IMMEDIATE CAUSE  DUE  V. which gove )	(0)	(a)-(b), ond (c).)	- of	yes aid	ico vasculo	lin		BETWEEN NO DEATH
	rise to immedia stoting the und last.	ote couse (o),	TO (c)	voca						
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS C		O DEATH BUT NOT RELA	TED TO THE TERMINA	AL DISEASE CO	ONDITION GIVEN IN PART 1	(o)	19. WAS PERF YES	AUTOPSY ORMED?
CERTIFICATION		AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	(URRED. (Enter notu	re of injury in	Port I or Port II of item	8.)		
MEDICAL	20c. TIME OF IN Hour of	JURY Month, Doy, Yeor i.m. 19	20d. If While of work		20e. PLACE OF INJUR foctory, street, c	office bldg., etc	.)	wn)	(County)	(Stote)
	21. I cer	tify that (1) (this has deceased alive an	pital) atten	ded the deceased	fram New and that death	occurred a	1966, take 1 tilli M, fram ca	uses and a		l) (we) las ated abave
	220. SIGNATUR	SUVE	W	w	M.D. PHYS.	4	MED. STAFF	C /4	- 29-6	6
/	22c. PHYSICIAN NAME (Typ		LeV	an_	22d.	ADDRESS 20	onstro	0, 7	ng	
23	o. BURIAL, CREMAT				TERY OR CREMATORY		23d. LOCATION (City		(County)	(Stote)
	RMATET	fy) <b>10-3</b> :	1-66		ill Ceme		Hagers		Md.	- 74
2	24. FUNERAL DIRECT	OR		ADDRESS				Sb. REGISTRAR	S SIGNATURE	del
1	Minnich	Funeral 1	Home H	agerstow	n, Md.	DATE	OV 2 1966	fun	The soul	0

Poges 1 ond 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or remove, and in any event, within 72 hours after death Poge 4 may be retoined by the haspitol or attending physician.

VR A15 (4) 20 M 1/66

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	ING HOSE St.	e500.L	minual succession
M. VS manasac	SIAI	usiudu	Takes NO.
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	lagersteam, bal	· the post	45 dp 17 1
negal	Margaret Louden	and the same	aun zolazak
	ins. Colloss Calling		
		24 T 3 T 3 T	

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated ogent, prior to burial, cremotion, or removal, and in any event within 72 hours after death necessary, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical 5 may be retained for your files.

FOR STATE HEALTH penci in Item 18. Give Pages 1, 2, and 3 to xaminar's Office along with farm PM3. Page ny delay is TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16257

1	o. COUNTY				a CTATE		ceased lived, it institu		nce befor	e odmissi	on)
	1	Washington		MARYLAND	o. STATE Wes	st Vi	rginia b. cou	MIT M	orga	in	
	b. CITY OR TOWN (	If outside corporate limit	is,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corp	porote limits, write RU	IRAL ond giv	e neores	st town)	
	Hagersto	d give neorest town)		10 days	Berk	celey	Springs		,	75.	3
		AL OR INSTITUTION (If n	ot in hospitol, g		d. STREET ADDRESS			100		e. IS RESI	DENCE
1	Washing	ton County								ON A F.	NO A
3	NAME OF DECEASED	F	irst	Middle	Lost	4. DAT	TE Mon	th	Doy	Ye	ar
L	(Type or print)	Dus	stin	C.	Fearnow	OF DEA	TH Oct	ober	3]	19	66
S	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	7.7	9. AGE (In years lost birthdoy)	IF UNDER Months		IF UNDER Hours	
	Male	White	WIDOWED	DIVORCED	April 18, 1	1881	85 yrs.	Molinis	Doys	110015	Min.
	Oo. USUAL OCCUPATION uring most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Sto	te or foreig	n country)		TIZEN OF		
L	Farme		1141	DOSIKI	Morgan Co	W	est Virgin		US		
	3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Charles	W. Fearnov	Ţ		Marv	Etta	Grove				
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S		INFORMANT		Addr				
1	No	(ii yes give wor or dores	OI SELVICE)	P	D. Fearnow	v, Cha	arlestown,	W. V	a.		
		ATH (Enter only one co	use per line for	(o), (b), ond (c).)						ERVAL BET	
		TH WAS CAUSED BY:  IMMEDIATE CAUSE	(o) Co	+ e b > 0 U 2	Scu/27-	17cci	dest		GN	SET AND D	SAIH
	9047	DUE	TO								
	Conditions, if ony, rise to immediat	e couse (a)	(b) Fol	lowing 1-2	-2cture	05	Right		9	, q 3	27
	stoting the under		TO /=	*******			1			4	
	lost.	)	(c)	MU 1-2							
20	PART II. OTHER SH	GNIFICANT CONDITIONS (	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION G	GIVEN IN PART 1(o)		19.	WAS AUTO PERFORM	DPSY ED?
TAT	5							0// 5-1	Y	ES 🗌	NO 🔼
CEPTIEICATION	20o. EXTERNAL CA PRIMARY ☐ or COI			SCRIBE HOW INJURY OCCURRED	, , , , ,						
				lat local					933		
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, far ctgry, street, office bldg., et				unty)		Stote)
W	7 - 40	10-22-19		of work	tome	V 2	-Boonsho	20 6	U256	4 (	Yd
				ains described above, h	eld an Autapsy	, Inspe	ctian 🔲, Inqu	uiry 📈,	and	in my	apinian
	death result	ed fram: Natur	al causes	], Accident 🔀, Su	icide 🔲, Hamicid	e 🔲,	Undetermined m	anner			
	ACTUAL	$\Omega$	, 0.	: //	CHIEF MEDICA	AL EXAMINE	R				
	SIGNATURE	want a	1. 71	NO III,	M.D. ASSISTANT MI					22. DATE	SIGNED
	EXAMINER'S NAME (Type)	Edward W. I	ritto 1	TTT M D	DEPUTY MEDI Address (Stre		VII, or county Hare	W. Wa	shir	tgt86	St.
2	30. BURIAL, CREMATIC			23c. NAME OF CEMETERY OF			LOCATION (City or To		(County)	ary	and tote)
	REMOVAL (Specify)		3,1966	Greenway			erkeley S	,		-	,
-	24. FUNERAL DIRECTO		/	ADDRESS	2So. REC	D BY REGI	STRAR 2Sb. RE	GISTRAR'S	IGNATUR	En	
	Juil:	Hillin	len	Berkeley Spri	ngs, To DATE	NOV	10 1966	fall	arce	D Jun	age.

VR A15ME (5) 6M 1/66

The Late Company

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14780	CERTIFICAT	E OF DEATH		1	4782	
1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENC a. STATE	E (Where deceased ryland	b. COUNTY		
b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		e limits, write f	Washin RURAL and give	nearest town
write RURAL and give nearest town) Hagers town	l week	Hager			21.	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e.	IS RESIDENCE
Washington County Hosp	oital	1154 Kuhn	Ave.		YE	s No Z
3. NAME OF First DECEASED (Type or print) Clarence		Last Flora	4. DATE DF DEATH	Month Oct.	Day 4	Year 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IFU birthday) Mor	NDER 1 YEAR	FUNDER 24 HR
Male White WIDOWED		Feb. 12 19	107   59	yrs. 7	211	
10a. USUAL OCCUPATION (Give kind of work done   10b. ) during most of working life, even if retired)	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or for	reign country)	12. CITIZEN OF COUNTRY?	
Laborer	r Craft		rland		U.S.	A
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		364	
Melvin Flora		Margare	et Rider	nour		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT		Address	משם	#2
No 22	0 09 7783 Mr	s. Leslie	Stenge	e Willi	RFD Lamspoi	rt Md.
18. CAUSE OF DEATH [Enter only one cause per		A a			I INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1	a sullen			ONSE	AND DEATH
IMMEDIATE CAUSE (a)	The state of the s	To poop it				
Conditions, If any, which	Land Carl	forest or a see	anda lana	100.0	111	ma
gave rise to immediate	wome of		Top regis		7	V
cause (a), stating the DUE TO underlying cause last.		O			0	
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PAR	T1(a)  19. \	WAS AUTOPSY
AT AT	1	0 . A.			YES	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   1 20b.	DESCRIBE HOW INJURY OCCU	IPPED VEnter nature of	Injury In Part I	or Part II of Ite		I NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INDORT OCCU	KKED JEHLET HALLIE OF	injury in rare re	or rait if of ite	10.)	
		CE OF INJURY (Home, fa		or town)	(County)	(State)
YOUR DE INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Mot While	ry, street, office bldg., et	c.)			
		196 Z 19	to de	76	1966, tha	+ /1\ /wa\ lac
21. I certify that (I) (this hospital) attends saw the deceased alive on 3 0	10 66 and that	death occurred at 4	30 M from ti	he cauces and		
22a. SIGNATURE A	allu tilai		- <u> </u>		b. DATE SIGN	
Not a Atrib	M.D.	ATTENDING A	MED. S	TAFF PHYS.	10-4-66	
22c. PHYSICHAN'S	M.L	22d. ADDRESS	MREGION P	піз.	20 4 00	
NAME (Type)  John C. Stauffer	. M D	145 S. Pro	spect St	Hager	stown,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town		(State)
Burial (Specify) Oct. 7-66		emetery		stown M		
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAF	R   25b. REGIS	TRAR'S SIGNA	TURE
Albert L. Leaf Willia	msport Md.	DATE O	CT 7' 19	966 00	liantes	Quedas

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH exercised within 24 hours after death 2. USHAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) completely filled in by the funeral PLACE OF DEATH o. COUNTY b. COUNTY Washington MARYLAND Poges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 hr.40 min. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hospital YES NO 3. NAME OF Middle 4. DATE corbon First Lost Year OF DECEASED FRAMM and in any event, (Type or print) DEATH IF UNDER 24 HRS IF LINDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [X] remove lost birthdoy) Months Dovs Hours Oct. 18,1966 WIDOWED DIVORCED and 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? please physician certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, hen Sigler. Phyllis Delores Framm, Abraham A attending ! 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. the deoth (Yes, no, or unknown) (If yes give wor or dates of service) 0 signed by the atter burial-transit permi burial, cremation, o MEDICAL RECORD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (o) by attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO ed for use as the b stating the underlying couse has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO be retained by the hospital or this certificate 20g ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING MICAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. While Not While TO FUNERAL DIRECTOR: After pe 1900 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 8 3 Me fram causes and an the date stated above. 18 Oct 1966. saw the deceased alive an director, poge 3 sho should be filed with 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may 580 Northern Ave. Hagerstown, Md. NAME (Type) J. D. WILSON, M. D. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, WASH. MO. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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## Division of STATISTICAL RES

death.

by the funeral Pages 1 and 2

i completely filled in b mave carban papers. ny event, within 72 ha

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signed by the burial-transit

has been

TO FUNERAL DIRECTOR: After this certificate

directar, page should be filed

VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14782 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (If outside torparate limits, write RURAL and give neorest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) Hagerstown 58
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 58 vrs Hagerstown e. IS RESIDENCE ON A FARM? 125 E. Antietam St. Antietam YES NO-3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 29 1966 IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGF (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Male WIDOWED DIVORCED March 8.1880 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired) Hagerstown, Wash Corp Machinist retired 13. FATHER'S NAME Emma J. Beck Garling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates af service 14-09-Minerva no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20g. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o.m. at work 21. I certify that (I) (this haspital) attended the deceased from\_ . 19\_\_\_\_, to\_\_\_ , 19\_\_\_, that (I) (we) last 19 6/2, and that death accurred at \_\_\_\_\_\_M, from couses ond an the date stoted above. saw the deceased alive on\_\_\_\_\_ 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 119 E. Antietam St. A.M. Mandell 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) REMOVAL (Specify) HE CETS TOWN REGISTRAR'S SIGNATURE Cemetery Buria 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Miarle

Conservation of Authors (1951) programs (Warre Monte States and Market States and Authors (1951) 1871 

FOR STATE HEALTH DEPT.

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEL

	MARY	LAND STATE DE	PARIMENIUF	HEALIH	
Division of ST	ATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
14783			CERTIFICATE		14785

	1. PLACE DF DEAT	'H			2. USUAL RESIDEN	ICE (Where decease	ed lived, If Institu	ution: Residenc	e before adm	ilssion)
- 1	a. COUNTY				a. STATE	3	b. COUNTY			
ł	b. CITY OR TOW	VN (If outside corpora , and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (			RURAL and g	lve nearest	town)
-		edvsville R		Life	Bure 1 Ke	eedysvill	a Red 1	2	1.1	
ŀ				ospital, give street address)	d STREET AODRESS		o red.		e. IS RESID	DENCE
0	Trego	or the or motivoti	(11 1101   11 11	sophus, Bire ettect dad.	Trego				DN A FA	ARM?
	3. NAME OF	F	Irst	Middle	Last	4. DATE	Month	Day	Year	
	(Type or print)	Will		Milton	Glosss	OF DEATH	October		19 6	
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years IF st birthday) Mo	UNDER 1 YEAR		
1	Male	White	WIDOWED	DIVORCED _	May 23, 191	16 5	O yrs.	4 22	Hours	Min.
ľ	10a. USUAL OCCUPA during most of work	TION (Give kind of work king life, even if retire	done 10b. F	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (	State or foreign	country)	12. CITIZEN COUNTRY	OF WHAT	
	Farmer		Fa	rming	Trego, Wa	sh. Co.	Md.	U. 3	5. A.	
P	13. FATHER'S NAM	/IE			14. MOTHER'S MAI	IDEN NAME			-11	
	Unknown				Fannie Gl					
	15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	OSS	Address			
		( If yes give war or dates		37 30 0300 16	0.111. 7	<b>63</b>	201 1	**		202
	No.				s. Goldie I	. Gloss,	Rid. 1			
				line for (a), (b), and (c).]					RVAL BETV SET AND DE	
	PART 1. U	IMMEDIATE CAUSE	(a) Cor	onary Occlusion	n				stant	
		) × DUE		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	Conditions, If			eriosclerotic	Candia Vaca	alan Die	2250	Severa	l vea	rs
	gave rise to			STIUSTICIONIC .	141 H. 10 - 43 -	W-91				
	cause (a), a	rating the								
			(c) Dia	DE LES UTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PA	RT 1(a)   119	WAS AUT	OPSY
	PARTII. UTHER	SIGNIFICANT CONOIT	ONS CONTRIB	UTING TO DEATH BUT NOT KED	(IED TO THE TERMINAL	. DISEASE CONDIT	TOTAL THE TAIL		PERFORM	
	PART II. OTHER  20a. EXTERNA PRIMARY OF DEA	L CAUSE WAS CONTRIBUTING T TH.	20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature (	of Injury in Part	I or Part II of I	tem 18.)		
		INJURY Month, Day,	Year   20d	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, 1	farm.   2Df. (CIt	y or town)	(County)	(St	ate)
	20c. TIME OF Hour a.		While	facto	ry, street, office bldg.,					
		.m. 19	at wor	k at work						
	21. I certif	y that I took charg	e of the ren	nains described above, he	ld an Autopsy,	Inspection	$\mathbf{X}$ , Inquiry	, and	d in my of	pinion
	death result	ted from: Natura	causes x	, Accident , Su	icide , Homic	cide , Un	determined m	anner 🗌		
		1	7	- 1	CHIEF MEDIC	AL EXAMINER				
	ACTUAL	0//1	IA.	1152	M.D. ASSISTANT M	EDICAL EXAMINE	R	22	. DATE SI	GNED
	SIGNATURE	- Victor		and f	1711001	CAL EXAMINER	<u> </u>	10-17-	66	
2	EXAMINER'S NAME (Type)	Dr. E. W. D	itto.	Jr.		et, city, town, or				
	23a. BURIAL, CREI REMOVAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LDCA	TION (City, town	n or county)	(Stat	te)
	Burial	10-18	3-66	Boonsboro	Cemetery		sboro, M			
0	24. FUNERAL DIR	ECTOR		ADDRESS		EC'D BY REGISTR		-		
8	John H. B	ast, Jr. 1	12 N. M	ain St. Boonsb	oro , Md . DATE	OCT 20	1966 /	Charle	o Jud	se.
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a manufacture description of the Annual Color to some The problem of the property of affile term some somethings The state of the s art or a large a large a large interesting and a large experience in the control of the 

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Page Washington 0 death. Penna. Franklin MARYLAND delay e State Department 72 hours after deal b. CITY OR TOWN (If autside carporote limits. c. LENGTH OF STAY IN 16 c: CITY-OR TOWN (If autside carparate limits, write RURAL and give neorest town) and P.M3. write RURAL and give negrest town) Hagerstown Wavnesboro d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS e. IS RESIDENCE form hours ON A FARM? 8. Give Pages Washington County Hospital Wayne Ave YES NO X after death. along with 3. NAME OF Middle 4. DATE Month Year DECEASED the OF within Marta Alveia (Type or print) Gonzales Oct. 1966 DEATH with S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Davs Haurs Ax April 28,196 Female Negro WIDOWED DIVORCED event 24 hours 2 and 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pages Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil Examine .= File Angel M. Gonzales pup Dolores Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. word "pending" i the Chief Medical (Yes, na, or unknown) (If yes give war ar dates af service removal Ir. Angel M. Gonzales Waynesboro. no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN ourial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (a) This certificate shauld icate, writing the word be forwarded to the Ch cremation, **OUE TO** Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 0 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, 0 NO pe 20g. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) prior 3 should PRIMARY & or CONTRIBUTING 4 should Fell or Jumped from Fathers! Moving Auto CAUSE OF DEATH. designated agent, 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) be retained for your factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page X (-ranklus 10-29-1966 Waynesboro the funeral director. Page at wark at work ForKs 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry X and in my apinian death resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 5 may be r TO FUNERAL Health or i EXAMINER'S Edward Wa Diff DEPUTY MEDICAL EXAMINER Andress (Street city town, or county) NAME (Type) Washing to 23b DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 1/1966 St. Buria Andrew Waynesboro, Franklin. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1986

Waynesboro.

6M 1/66

1 (M)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar refused, and in any event, within 72 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14785 CERTIFICATE OF DEA
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14787

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	idence before odmission)								
a COUNTY Washington MARYLAND MARYLAND Maryland Mechine	,								
Washington  Maryland  Maryland  Washing  b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corparate limits, write RURAL and	gton								
write RURAL and give nearest town)	give nearest tawn)								
Hagerstown 1 Day Keedysville	21.1								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?								
Washington County Hospital	YES NO X								
3. NAME OF First Middle Last 4. DATE Manth	Doy Year								
DECEASED (Type or print) Daisy Janet Griffith DEATH October 1	17. 19 66								
	ER I YEAR   IF UNDER 24 HRS.								
Female White WIDOWED DIVORCED July 29,1921 45 yrs. 2	s Days Hours Min.								
Og. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) 12.	CITIZEN OF WHAT								
during mast of working life, even if retired) INDUSTRY	COUNTRY?								
Housewife Own Home Myersville, Md.	U. S. A.								
John W. Early Cordelia Holmes									
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address									
No. None Mr. Leo T. Griffith Keedysville	Md.								
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hamorrhage - 3 Hock	6 hrs								
I / / A DIJE TO									
(conditions, if any, which gave ) (b) CARCIAIOMA OF CERVIX LAUTH									
rise to immediate cause (a)									
last. ) (c)									
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?								
	YES NO L								
20a, ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
▼ OR CONTRIBUTING □ CAUSE OF DEATH									
I III LITTLEN, NOTILI MEDICAL ENAMINEN									
	(Caunty) (State)								
Hour a.m.  While at work of actary, street, affice bldg., etc.)									
Diffe Ul Work C Ul Work C									
21. I certify that (I) (this haspital) attended the deceased fram 10-6, 1966, ta 10-11, 1966, that (I) (we) la saw the deceased alive an 10-17 1966, and that death accurred at 13,000, fram causes and an the date stated above									
22a. SIGNATURE 22b.	DATE SIGNED								
Cluduelung M.D. ATTENDING DIRECTOR DIPHYS. DI 10-18-6									
22c CHYSICHAN'S P AAA A DILLS 22d. ADDRESS 120 W. Main ST									
5741 175 154104	Md								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)								
Burial 10- 20- 66 Grossnickle Cemetery Myersville Frd									
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR									
John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE QCT 21 1966 Cla	arles Judge								

Hamorrhage - Swock

CARCINOMA OF CERVIX WITH METASTASTO TO UL BLADDER & COlen

6003

120 W 14 200 S STREEPS BURG. LEG

10-6 66-10-17

WILLES AMA SILLE

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## 1(M)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remove), and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1478	6		CERT	IFICATE	OF DEATH		1	478	3	
PLACE OF DEATH     a. COUNTY	Washing	gton	м	MARYLAND		ryla	<b>nd</b> b. 00	UNTY	Washi	ngton
	(If outside carporate limits,		LENGTH OF STA	AY IN 16	c. CITY OR TOWN (If a	erst	own, M	URAL and giv	re nearest to	wn)
	TAL OR INSTITUTION (If not in negton Count				d. STREET ADDRESS 900	Cor	bett St		e. IS OI YES	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	HELEN	LA	URA Middle	GRO	VE Last	4. DAT OF DEA	001	tober	- 2500	Year 19
female	marked door	MARRIED X	NEVER MAR DIVOR	1	May 15, 1	910	9. AGE (In years 56t birthday) yrs.	Months Months		JNDER 24 HRS. ours Min.
10a. USUAL OCCUPATIO	N (Give kind af work done liter of erifetired)	10b. KIND (	of Business of	R	11. BIRTHPLACE (Count				TIZEN OF WH DUNTRY?	AT
13. FATHER'S NAME	Clarence Wa	ters	A.N		14. MOTHER'S MAIDEN		randenb	ırg		-
1S. WAS DECEASED EV (Yes, no, ar unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of se	rvice) 16. SOCI.	AL SECURITY NO		James R,	Grov		ress Hager	stown	, Md.
Canditians, if ony rise to immedia stating the under last.	te cause (o), erlying couse (c)	a	run	gra	of Felia	ng o	Wort William	con		AND DEATH
20d. ACCIDENT WA	IGNIFICANT-CONDITIONS CONT  SUNDERLYING   G **CLAUSE OF DEATH  MEDICAL EXAMINER**	re,	Mu	ellip	Enter noture of injury in	12	5			FORMED?
р.	URY Month, Day, Yeor	While at wark		] facto	E OF INJURY (Hame, far ory, street, affice bldg., etc	:.)	(City or town)	4	ounty)	(State)
	eceased alive an	and	1966	_, and that	death occurred a	MED. DIRECTOR	M, from couses	and on	the date st	ated above
230. BURIAL, CREMATI REMOVAL (Specification) 24. FUNERAL DIRECTO	10-14-	66	ADDRESS	Haver	Cemeter		LOCATION (City or THagersto		(County) M SIGNATURE	(State)
MINHCIN	Funeral Ho	Jine n	agers	COWII	DATE O	CT 1	7 1946	Mla	was a	.1.0

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# FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit negral. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDI

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AISME (5) 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14'750

				All the state of t	and the first terms of the second	6.50	11 7/ 11/10/14					
1.	PLACE OF DEAT a. COUNTY	WASHINGTO	าท	MARYLANI	a. STATE		(Where dece	ased lived, If ins b. COUN	ITY	ASHT1		
	b. CITY OR TOY	YN (If outside corpora	te limits.	c. LENGTH OF STAY IN				orate limits, wr				
	BENEV C	and give nearest toy	vn)	1 DAY			HAGER	STOWN			11	. /
			ON (if not in h	ospital, give street addre	ss) d. STREET AD	DRESS	HACIE	DIOWN		Θ.		IDENCE
	BENEVO	LA, MARYLA	AND		110 N	, co	LONIAL	DRIVE		YE	ON A	NO X
3.	NAME OF DECEASED	F	Irst	Middle	Last		4. DATE OF	Month	1	Day	Yea	ar
	(Type or print)	DAVII		VAUGHN	HARTMAN		DEATH	OCTOBER	3	12	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIF	RTH	9.	AGE (In years   last birthday)				24 HRS.
	MALE	WHITE	WIDOWED	DIVORCED	OCT. 30	.193	9	26 yrs.	Months	Days	Hours	IVIIII.
10	a. USUAL OCCUPA	TION (Give kind of work	done   10b. H	AND OF BUSINESS OR	11. BIRTHPI		/			TIZEN O		
(	CONSUMER	king life, even if retire	(u)	BANK	MA	RYLA	ND				.A.	
	. FATHER'S NAM				14. MOTHER							
		EDWARD I	HART	MAN	T	ATTRA	E. RI	TEV				
1	. WAS DECEASED	EVER IN U.S. ARMED FO			7. INFORMANT	MOTOR	H	AGERSTON	N. MA	RYL	ND	_
10	es, no, or unkown)	( If yes give war or dates o		14-36-0678	MRS. JOAN	TT ATO						
=	400	DEATH   Enter only on		line for (a), (b), and (c).]	MIND. SUMIN	пап	IMAN	110 N. C	TNINTO		VAL BE	TWFEN
	1/	EATH WAS CALISED BY	1.							ONSE	T AND I	
	IMMEDIATE CAUSE (a) Coronary Thrombosis									Inst	ant	
	Conditions, If any, which DUE TO  (b) Coronary Atherosclerosis Moderately Severe									D.		
	gave rise to	Immediate /		nary Atheros	clerosis W	loder	rately	Severe		Rec	ent	
	cause (a),	stating the DUE	T0						39			
2	underlying cau		(C)	UTING TO DEATH BUT NOT F	SELATED TO THE TER	MINAL DI	ISEASECOND	ITION GIVEN IN	PART 1(a)	119.	WAS AU	TOPSY
12	PARTIT. OTHER	SIGNIFICANT CONDITI	ONSCONTAID	OTHE TO DEATH BUT NOT	CENTED TO THE TEN	HINEU	ISLASEOUND	THOR GIVE THE	71(12(0)	1	PERFOR	MED?
15	- EVEEDING	A ANDE WAS	1 00h	DESCRIBE HOW INJURY O	COURDED (Falor D	Aura of	Indiana In One	t Lor Bort II o	f Itam 10	YES	DX.	NO 🗌
CERTIFICATION	PRIMARY OF CAUSE OF DEA	CONTRIBUTING TH.	200,	DESCRIBE HOW INJURY C	CCORRED. (Enter III	trate of	mjury in rai	ti or Fait ii o	1 110111 10.,	,		
		INJURY Month, Day,	Year   20d.		PLACE OF INJURY (Hactory, street, office	lome, far		City or town)	(Cou	nty)	(5	State)
MEDICAL	Hour a.	.m. 19	While at wor	Not While	actory, street, onice	Diag., et	C.,					
Σ				nains described above,	held an Autonsy	7	Inspection	, Inqu	irv 🗀.	and	in my	opinion
	death resul	•	I causes 🕱			ريما Homicid		Undetermined	,,			
	death resul	tea moni: Matura	I Causes X	, Accident,			EXAMINER		manno.			
	ACTUAL	4 As and	11/	-12			ICAL EXAMI	NER 🗍		22.	DATE S	SIGNED
	SIGNATURE	- may	14 0		IYI, U.		AL EXAMINER					
	EXAMINER'S NAME (Type)	EDWARD/W.	DITTO,	JR. 215 W.	WASH ABITES			OLDA.	LAND	10/	13/	1966
23	a. BURIAL, CRE	MATION, 235. DATE	THEREOF	23c. NAME OF CEMET		Y	23d. L00	CATION (City, to	wn or cou	inty)	(St	ate)
	BURIAL	OCT 1	5.1966	REST HAVE				RSTOWN.	MARYT EGISTRAR	AND		
2	4. FUNERAL DIR			ADDRESS	25	a. REC	D BY REGIS		Muan Company			42.
6	CHARLES	M. ROUZER	HAGER	STOWN, MARYL	AND DA	ATE O	CT 19	1966	T	100	10	1

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. funerol s 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Washington Washington Marvland after, MARYLAND by the fi c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 16 I completely filled in by the move corbon papers. Page ny event, within 72 hours a Hagerstown 25 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 15 N. Clevenland Ave. NO [ 3. NAME OF Middle Last Year DECEASED VIOLA HEGE BESSIE October 66 19 (Type or print) DEATH S SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9. AGE (In years remove 7 dast birthday) 11/15/1890 female white WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) ond in edse during most of working life, even if retired) HOME COLINTRY? State Line, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Mrytle Baker Daniel R. Eshleman attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na. ar unknown) (If yes give war ar dates of service) cremotion, or Hagerstown, Md. Aaron Hege no none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN the signed by the burial-transit purial, cremoti PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUF TO cardiorescular disens Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause os the ottending hos been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO this certificate for 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) 9 at wark O FUNERAL DIRECTOR: After 10-8.1966, that (1) (we) last 1-17.1962 ta 21. I certify that (1) (this haspital) attended the deceased fram ploods 10-8 1966 and that death accurred at 12 30A M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED Itone Gaba 10-10 director, page 3 should be filed v 154 West Washington St. 22d. ADDRESS 22c. PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hacerstown Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify) 10/11/66 Cedar Lawn Mem. Park Hagerstown, 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Minnich Funeral Home Hagerstown, M.

executed within 24 hours after death

requires that the death certificate be

by the hospital or

be retained

ATTENDING

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	bnsIvani land	not	Parities
	nwaya te ani	sand \$2	No. 12: Colf
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ia Item 18. Give Pages 1,

in pencil

"pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death.

**DESCRIPTION** OF STATE AND STATE AS A STATE OF STATE OF STATE OF STATE OF STATE OF STATE DEPARTMENT OF Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

# MARYLAND STATE DEPARTMENT OF HEALTH

ASSISTANT MEDICAL EXAMINER

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

W. WAS HAD ST (StrHAIR toMD r county)

DATE

22. DATE SIGNED

(Stote)

10-25-66

(County)

Franklin

REGISTRAR'S SIGNATURE

	Division of STATIST	ICAL KESEA	ARCH AND RECORD	3, 30	M. PRESTUN SIRE	EI, BALIII	MORE, MARY	LAND 21	201	
1478	39	MED	ICAL EXAMINE	R'S	CERTIFICATE O	F DEAT	H	14	70	
PLACE OF DEATH     O. COUNTY	Washing	ton	MARYLAI	ND	2. USUAL RESIDENCE (V	Where decease	ed lived, if institu b. COU		nce before	
b. CITY OR TOWN write RURAL or	(If outside corporate limits nd give nearest town)	,	c. LENGTH OF STAY IN 1	b	c: CITY-OR TOWN (If ou		e limits, write RU Jayne sbo		ve neorest	town)
	ITAL OR INSTITUTION (If no nington Coun				d. STREET ADDRESS				1 3	IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fir Ch	arles	Middle A •	H	lost Heintzelman	4. DATE OF DEATH	Mon	h)ct.	Doy 25	Year 1966
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [ DIVORCED [	3 8	12/1/1921	9.	AGE (In years lost birthday)	IF UNDER Months	Doys Doys	Hours Min.
during most of working	N (Give kind of work done g life, even if retired) Or Maintance	IN	ND OF BUSINESS OR DUSTRY  C Truck Co.		11. BIRTHPLACE (State Quincy 14. MOTHER'S MAIDEN	Pa.	untry)	((	TIZEN OF VOUNTRY?	
	nce S. Heint	zelman			Margie F		aman			
	If yes give war or dates of L942-45	service)	3-12-8208		rs. Charles	Heints	Addre zelman,		y Pa.	
1B. CAUSE OF D	DEATH (Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (	A.	(o), (b), and (c).) 561'ng In	ju	ry to c	hest	- E IV	+-		VAL BETWEEN T AND DEATH
Conditions, if on rise to immedio stating the undi	te couse (o),	10 (b) <u>ern</u> ,	al Fujur			tu ne	Righ	+	In	umed
PART II. OTHER S	IGNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED	O TO TH	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)		19. W PI YES	/AS AUTOPSY ERFORMED?
200. EXTERNAL C PRIMARY POR CO CAUSE OF DEATH.	ONTRIBUTING	Pas.	Sen ger i'u	A	10 Struc.	k by	,	i'ng	Can	-
Hour o.	IURY Month, Doy, Year m. 10-25-196	204 IN	JURY OCCURRED 0 200	PIACI	OF INJURY (Home, form ry, stree), office hidg., etc.)	201	(City or town) erstow	(Co	unty) 254	(Stote)
deoth resul	fy that I took charge ted from: Notura	of the rem	oins described obove ], Accident 🔀,	e, held	d on Autopsy [],	Inspection Und		onner		n my opinior

23c. NAME OF CEMETERY OR CREMATORY

Waynesboro Pa.

Quincy

ADDRESS

VR A15ME (5) 6M 1/66

ACTUAL

SIGNATURE

EXAMINER'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

**EDWARD** 

23b.

W. D

/28/66

C . DARL TE . HEAW. W TIS \_ [11 OTTIO . W DRAW J

Jast CTau

1(1/1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
TVI	14790 CERTIFICATE OF DEATH 14792	
rsician and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death.	1. PLACE DF DEATH a. CDUNTY LIGHT STATE b. COUNTY LIGHT STATE conditions cond	
3	b. CITY DR TDWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b   C. CITY OR TDWN (if outside corporate limits, write RURAL and	ington
	write RURAL and give nearest town) Hagerstown 2 hrs. Sharpsburg	21-1
	d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
9	Washington County Hospital 230 W. Main Street	YES ND
	DECEASED	Day Year
۱	(Type or print) Hattie May Highberger DEATH Oct. 2	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   1   1   1   1   1   1   1   1   1	Hours Min.
	I remare   will be   whowerk   hower   Aug. 29 1876   90 yrs.   1   23	EN OF WHAT
	during most of working life, even if retired) INDUSTRY COUNT	TRY?
	Housewife Home Sharpsburg Maryland U.S.	S.A
	Vandel Johnson Frances Brashears  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	
	(Yes, no, or unkown) (If yes give war or dates of service)	•
	No     219 54 0443 Mrs. Evelyn Kaylor Sharpsburg	MI MI BETWEEN
	One of the state o	DISET AND DEATH
1	IMMEDIATE CAUSE (a)	sout 6 hrs
	Conditions, If any, which \ (b)	
	gave rise to immediate	
	cause (a), stating the underlying cause last. (c)	
		19. WAS AUTDPSY PERFORMED?
9	CAI	YES NO
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1  20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  B OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		(State)
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (Clty or town) (County) factory, street, office bldg., etc.) p.m. 19 at work	(State)
		that (I) (we) last
	saw the deceased glive on Oct 2/ 1966, and that death occurred at 1120M, from the causes and on the d	date stated above.
	22a. SIGNATURE 22b. DATE	
	M.O. ATTENDING MED. STAFF PHYS.   10-	23-66
	226. PHYSICIAN'S NAME (Type)	
1	C. amarino M. D. Sharpsburg	
	23a. BURIAL CREMATION, 23b. OATE THEREDF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	) (State)
5	Burial Oct. 23-66   Mt. View Cemetery   Sharpsburg Mary	Land
0		
12	Albert L. Leaf Williamsport Md. DATE OCT 25 1966 yours	Jan Jan
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14702

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 43 YRS.	HAGERSTOWN 21./
d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	1600 OAK HILL AVE.
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED	DF 2547th 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TIGHARD DAN FIL	<ol> <li>DATE OF BIRTH</li> <li>AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.</li> </ol>
WIDOWED TO DIVORCED TO	last birthday) Months Days Hours Min.
1Da. USUAL UCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR	3/9/1900 66 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
RETTRED SALESMAN AUTO DEALER	MARYIAND U.S.A.
DANTET. E. HTMES  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	MTNNTE BECKWITH Address
(Yes, no, or unkown) (If yes give war or dates of service)	HAGERSTOWN
NO 214-09-4162	MRS. MARY D. HOMES MD.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma Of The	Lung Several months
163X DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. ) (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTDPSY
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ZDA. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRENCE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRENCE OF DEATH	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Oct. 4, 1966, to Oct. 27, 19 66, that (1) (we) last
	t death occurred at 7:55M, from the causes and on the date stated above.
22a. SIGNATURE	A. ATTENDING ALTERDING DIRECTOR PHYS.   22b. DATE SIGNED   DIRECTOR PHYS.   October 28
M.E	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 1969
Dr. E. W. Ditto, Jr. 215 V	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER' REMOVAL (Specify)	
BURIAL 10/29/66 ROSE HILL	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges 1 and 2 after death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) **DOUNTY** Pages 1 astuna MARYLAND b. CITY OR TOWN (if outside corporate limits, write, RURAL and give hearest town) c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b sician and completely filled In by lease remove carbon papers. Pag and in any event, within 72 hours hours d. NAME OF HOSPITAL INSTITUTION (if not in hospital relive street address) d. STREET e. IS RESIDENCE ON A FARM? NO 1/ YES executed within 3. NAME OF Middle DATE Month Day Last DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DAILE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months Hours Davs WIDOWED [ DIVORCED [ attending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) INDUSTRY HOSPITAL ourse certificate ATHER'S NAME MOTHER'S MAIDEN NAME 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If )es give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFDRMAN1 Address been signed by the attent the burial-transit permit. It to burial, cremation, or death 7-20-2286 INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10min attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED Nemour a 29 tro entruit hospital 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certif I be detached for State Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) should be der th the St factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. be retained director, page 3 should should be filed with the 21. I certify that (1)(this hospital) attended the deceased from. 195 1966 and that death occurred at 3M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE PHYS. MED. STAFF -22-66 DIRECTOR PHYS. M.D. may HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) ENTONBMENT 10/25 LINCOLN CEMETERY WASHINGTON D.C. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR I CHARLES M. ROUZER 66 HAGERSTOWN, MARYLAND VR A15 (4) 20M 1/65

PETER SERVICE PE-11 a track the first per At to the second of And the Control of th .O.G OFFERENCE LINCOLD GENERAL D.O. CHARLES A. COOKER HALLISTON, MICHAEL COOKER AND COOKER STATES

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral oon papers. Pages 1 and 2 within 72 hours after death, after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Washington Maryland Washington the MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) þ days Rural Williamsport RFD Hagerstown = d. STREET AOORESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 24 Washington County Hospital Williamsport RFD YES NO X completely i NAME OF Month Oav Year Middle Last DATE remove carbo DECEASED Velvet Renee Hoffman DEATH (Type or print) 1966 Oct executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO 9. AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. SEX DATE OF BIRTH last birthday) Months Hours Days Hemale White Oct. WIOOWEO ! DIVORCEO 21 1966 attending physician ar ermit. Then please rer on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INOUSTRY None .S Hagerstown Md. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donald Wayne Hoffman Carolyn Taylor 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Williamswort the attencit permit. Md. (Yes, no, or unkown) (If yes give war or dates of service) death signed by the att purial-transit permi burial, cremation, c NO Hoffman Carolyn RFD mone CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. ageo IMMEDIATE CAUSE (a) been signed the burial-tr DUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate has the for use so to the solution of the solution PERFORMEO? The NO T 20a. ACTIOENT WAS UNDERLYING IN OR CONTRIBUTING IC AUSE OF CEATH (IF ENGER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this ce etached Dept. ( MEDICAL (State) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 등 factory, street, office bldg., etc.) Hour a.m. Not While After Id be o at work p.m at work retained 21. I certify that (I) (this hospital) attended the deceased from shoul and that death occurred at 5:20PM, from the causes and on the date stated above. DIRECTOR age 3 sho led with t saw the deceased alive on 22b. OATE SIGNEO 22a SIGNATURE STAFF PHYS. DIRECTOR PHYS. 4 may Fig FUNERAL PHYSICIAN'S 22d. AOORESS director, p NAME (Type) B acon Jr (State) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) 0 29-66 Near Tilghmanton Md Manor Buria] REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Leaf Williamsport Md. VR A15 (4) 20M 1/65 222618

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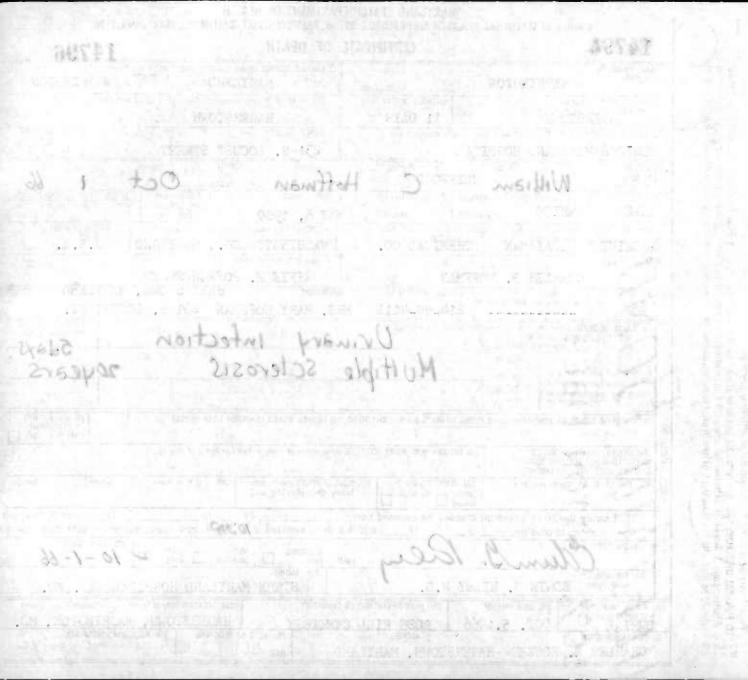
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral... Pages 1 and 2. The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND mpletely filled in by the fur se carban papers. Pages 1 event, within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, HAGERSTOWN 11 DAYS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 231 S. LOCUST STREET WESTERN MARYLAND HOSPITAL NO Middle DATE 3. NAME OF Year DECEASED DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED Months Hours MALE WHITE WIDOWED DIVORCED MAY 6. 1900 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR WASHINGTON CO., MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, EFFIE M. POFFENBERGER CHARLES B. HOFFMAN HAGERSTOWN MARYLAND 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dotes of service) 231 S. LOCUST ST. 214-09-4112 MRS. MARY HOFFMAN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUF TO burial, Sclerosis Canditians, if any, which gove rise ta immediate cause (o), DUF TO stating the underlying couse priar ta has been WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Harne, farm, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur a.m. rised fram\_\_\_\_\_\_, 19\_\_\_\_, ta\_\_\_\_\_\_, 19\_\_\_\_, that (1) (we) last \_\_\_, and that death accurred at (1) (we) fram causes and an the date stated abave. 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EDWIN G. RILEY M.D. WESTERN MARYLAND HOSPITAL HAG. MD. directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) HAGERSTOWN, WASHINGTON, MD. ROSE HILL CEMETERY ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 CHARLES M. ROUZER HAGERSTOWN, MARYLAND



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**EXAMINER:** 

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington o. STATE b. COUNTY Franklin MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) D.O.A. Wavnesboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 105 Middle St. Washington County Hospital YES NO X 3 NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED OF. S. Kenneth Jackson 19 66 Oct. (Type or print) DEATH IF LINDER YFAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Haurs Male White 12/6/1911 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Truck Co. during most of working life, even if retired) COUNTRY? Chambersburg Pa. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rush Jackson Evelyn Gehret WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 188-09-5001 Mrs. Kenneth S. Jackson, Waynesboro Pa 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Immed DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. OU COMILIO 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (County) (Stote) 142 Wash Hagerstown Da 10-25- 1966 ot work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry X ond in my opinion deoth resulted from: Noturol couses Accident X Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ( DEPUTY MEDICAL EXAMINER NAME (TypEDWARD W. WASH Statess (SHA Cly, the or county) 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burns Hill Wavnesboro. Burla 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Waynesboro Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

14798

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN HAGERSTOWN DAY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? D.O.A. WASHINGTON COUNTY HOSPITAL 1040 PENNSYLVANIA AVE. No X YES NAME OF First Last 4. DATE Month Day Year Middle DECEASEO JAMES 30 HERBERT AMOR Y DEATH OCTOBER (Type or print) 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours MALE MAY 25, 1899 WIDOWED DIVORCED 67 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? PRIVATE U.S.A. SERVICE MANAGER MASSACHUSETTS UTTLITY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD A. JAMES EMMA A. DERBY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTONIAL MARY LAND (Yes, no, or unkown) (If yes give war or dates of service) MRS. LAVINIA JAMES 1040 PENNSYLBANIA AVE NO 214-10-5102 INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (a) DUE TO Coronary artery insufficiency Conditions, If any, which gave rise to Immediate Generalized arteriosclerosis DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) none MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. none Not While at work at work p.m. 19 67 to Oct. 21. I certify that (I) (this hospital) attended the deceased from Aug 1966 that (I) (we) last and that death occurred at AMM, from the causes and on the date stated above. saw the deceased alive on 19 66 DATE SIGNED SIGNATURE 22b. 22a. ATTENDING MED. /1966 10 PHYS. M.D. PHYS. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. H. R. TRITCH JR. M. 302 N. POTOMAC ST. HAGERSTOWN. MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 11/1/1966 REST HAVEN CEMETERY HAGERSTOWN REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER 19 HAGERSTOWN. MARYLAND DATE NOV

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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### CERTIFICATE OF DEATH

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		Ha	nd give neorest town) Zerstown		4 Years		Hager	stown				51.	1
	d	. NAME OF HOSPI	TAL OR INSTITUTION (If no			d. STREET AD					e	IS RESIL	DENCE
9		Washing	gton County	Hospit	al	1	143 We	st Fr	anklin S	it.	1		NO [
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н	(	Type or print)	Daniel	The STATE	Webester	Kendall		DEATH	Oct.		3	196	
	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR			AGE (In years last birthdoy)	IF UNDER	Doys	Hours Hours	24 HR Min
		male	white	WIDOWED	DIVORCED X	-			yıs.				,,,,,,,
	10o.	USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLA			eign country)		TZEN OF UNTRY?	WHAT	
	QUITE	'd 'llos Carp	life even if retired)	IN	DUSTKT		Ponds	ville			ORTKI:		
		FATHER'S NAME				14. MOTHER'S	S MAIDEN NA	/WE					
		Jes	sse J Kend	dall			Ama	nda S	Kline				
			ER IN U.S. ARMED FORCES?	of comice)		17. INFORMANT	13-1	ALGA!	Addr	ess			
	(163	no	(ii yes give wor or dores	1	88-09-5416	Mrs. Eva	May S	mith	Chewsvi	lle			
			DEATH (Enter only one cau	use per line for	(o), (b), ond (c).)	. 10						RVAL BET	
53		PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	accinom.	a of Las	ma.				ONS	ET AND D	EATH
		163	DUE			0	1	AL D	There	AAUS	1		
		Conditions, if on		(b)									
14		rise to immedio stating the unde		TO							1980		
		last.	)	(c)									
~	2	PART II. OTHER S	SIGNIFICANT CONDITIONS C	CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL D	ISEASE COND	ITION GIVEN	IN PART 1(o)	and a	19.	WAS AUTO PERFORM	)PSY
0	ATIO		Rhouse	while	Heart Dr	rease						S 🔲	NO [
	CERTIFICATION		AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCUR		f injury in Po	ort I or Port	II of item 18.)	y-3.41		-	
			G  CAUSE OF DEATH Y MEDICAL EXAMINER)	- 1									
	MEDICAL	20c. TIME OF IN.	JURY Month, Day, Yeor			PLACE OF INJURY (		20f.	(City or town)	(Cou	inty)	(	Stote)
	ME	Hour o.	.m. 19	While of work	Not While of work	foctory, street, office	e blag., erc.)						
		21. I cert	ify that (I) (this hos	spital) attend	led the deceased from	n 8/	17,19	66, to	10	3,196	6, the	ot (I) (	we) l
		saw the o	deceased olive an_	16	2/2 1966, ond	that death accu	urred ot	2,450 M,	fram causes	and on th	ne date	stated	abo
		22o. SIGNATURE	1	,	101	ATTENDING	N	AED.	STAFF -		ATE SIGNE		
			The	uk-	Theeps	M.D. PHYS.	D D	IRECTOR L	PHYS.	10/	4/6	6	
1		22c. PHYSICIAN' NAME (Type		100	//	22d. ADD	DRESS						
		MANIE (13p)											
	230.	BURIAL, CREMATI	ION, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY			ATION (City or To		(County)		tote)
1		REMOVAL (Specif		5 1966	Smithsburg	Cemetery		S	mithsbu	rg	Wash	M	d
0	24.	FUNERAL DIRECT		_	ADDRESS		2So. REC'D			GISTRAR'S SI			
16		Minni	ich Funeral	Home	Smithsburg	Md.	DATE OF	T 5	1966	Melia	2000	Qued	10

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	MAN	ILAND STAIL	DELAKIMENT OF HEAL	
	Division of STATISTICAL RESEARCH	AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201
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14798			CERTIF	CATE	OF DEATH			14	800	la c
PLACE OF DEATH     O. COUNTY	Washington		MAR'	YLAND	2. USUAL RESIDENCE ( o. STATE Mar	Where deceose	d lived, if institu b. COU	INITY	before odmis	,
	outside corporote limits, give neorest town)	4.15	c. LENGTH OF STAY		c. CITY OR TOWN (If o	utside corporot			eorest town)	1
	ington Coun		e street oddress)		d. STREET ADDRESS  R #	2			e. IS RES	SIDENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	Firs Sara	t	Middle Loretta		Lost Kline	4. DATE OF DEATH	Octobe Mon		Doy Y	Year 9 66
	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCE	-	DATE OF BIRTH Oct. 12,1	9.	AGE (In years last birthdoy)  3 yrs.	IF UNDER 1 Y		ER 24 HRS.
100. USUAL OCCUPATION during most of working li	te even if retired)	INDU	OF BUSINESS OR STRY HOME		11. BIRTHPLACE (County	& Stote, or for	eign country)	12. CITIZI COUN	EN OF WHAT	
13. FATHER'S NAME	James E	.Kline			14. MOTHER'S MAIDEN Ada	NAME L.Kli	ne			
1S. WAS DECEASED EVER (Yes, no, grunknown) (	IN U.S. ARMED FORCES? If yes give wor or dotes of	service) 16. SO(	CIAL SECURITY NO48-4180		CORMANT Ubert B.Kl	ine R	# 2 Sm		a.Md.	
IB. CAUSE OF DEA	ATH (Enter only one cous I WAS CAUSED BY: IMMEDIATE CAUSE (	Adeno	carcinoma	of t	he sigmoid	colon	with		INTERVAL B ONSET AND	
Conditions, if ony, rise to immediate stating the underlost.	which gove couse (o), Ying couse	o metas	tasis						0 110	MUNS
PART II. OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT REL	ATED TO TH	TERMINAL DISEASE CO	NDITION GIVEN	I IN PART 1(o)		19. WAS AU PERFOR YES	JTOPSY RMED? NO EX
200. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY O	CCURRED. (E	nter noture of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF INJUI Hour o.m.	10	20d. INJU While of work	RY OCCURRED  Not While of work		OF INJURY (Home, form r, street, office bldg., etc.		(City or town)	(Count		(Stote)
	y that (I) (this hasp ceased alive an		d the deceased	fram and that	2-5 , death accurred at	19 <u>55</u> , to	fram causes	-22, 19 <u>6</u> and an the	6 that (I) date state	(we) la ed abav
220. SIGNATURE	ales To	Deno		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE		
22c. PHYSICIAN'S NAME (Type)	Charles F	. Hess,	M.D.		22d. ADDRESS Smiths	burg, 1	Maryland	21783	815	
230. BURIAL, CREMATION REMOVAL (Specify)		26/66			emetery		ATION (City or To gerstown		" "	(Stote) Md.
24. FUNERAL DIRECTOR	9 24	hapel	ADDRESS Hagerston			D BY REGISTRA		EGISTRAR'S SIGN		'ge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

14801

Washington County Hospital   Hagerstown, Md   Vis											
B. CITY DE TOWN (If outside copports limits, write RURAL and give neorest town with RURAL and give neorest town with RURAL or digre neorest town with RURAL or MISTITUTION (If not in hospital).    A. MANE OF HOSPITAL OR INSTITUTION (If not in hospital) was present address)   C. STRET ADDRESS	s. Pages 1 and 2 haurs after death.										before odmission)
b. CITY OR TOWN (If outside copporate limits, write RURAL and give nearest town write RURAL and give nearest			o. Counti	Washington	2	MAR)	LAND	Mary!	land		inaton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)  Washington County Hospital  Benedetto R  Widdle Lost (Special or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  Peb. 16, 1891  7. Months  Persuggian, 9-tady  12. CITIZEN OF WHAT  COUNTRY?  WISS  13. MARE OF DEATH  Months  Note  Windle Lost  Day  Death  Day  Months  Day  Months  Day  Months  Day  Months  Day  Months  Day  How Months  Day  Months  Day  How Months  Divorced  DIVORC			. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY I	N 1b				
Washington County Hospital   Hagerstown, Md.   Pres	9		write KUKAL on	Hagerstown	2	57 yrs	•	327 8	lizabeth St.	21	/
S. NAME OF FIRST   Model   Lost   A. DATE   Month   Day   Control   Contro								d. STREET ADDRESS			e. IS RESIDENO ON A FARM
S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years just birtholy)   10. USUAL OCCUPATION (Give kind of work done during most without in the color of the col			Wash	ington Coun	ity Hos	pital		Hage	rstown, Md.		
Male   White   WIDOWED   DIVORCED   Peb. 16, 1891   Total birthdoy   Months   Doys   Hou			DECEASED			Middle R				lonth as a	Doy Year 19 66
TOOL ISSUAL OCCUPATION Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & Stote, or foreign country)   12. CITIZEN OF WHAT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (c), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (c), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (c), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for				6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years		
10b. KIND OF RUSINESS OR   11b. BIRTHPLACE (County & Stole, or foreign country)   12c. CHTZEN OF WHAT COUNTY   12c. CHTZEN OF WHAT			Male	White	WIDOWED	DIVORCE		Peb. 16, 1891	75 yrs		Joys Hours F
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARKED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART I. DEATH WAS CAUSED BY AND A COURSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))   DUE TO   Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse   (c)   DUE TO   Social Manual Present of the underlying couse   (c)   DUE TO   Conditions (County)   DUE TO		100	USUAL OCCUPATION	(Give kind of work done			150	11. BIRTHPLACE (County	& State, or foreign country)		
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   18. Address   19. Address   19		dur	Maint	enance Man	17	Hotel		Peruggia,	taly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   214-09=6558   9rank Campbell 900 Concord St. Hagerstow   17. INFORMANT   214-09=6558   9rank Campbell 900 Concord St. Hagerstow   208-21		13.	FATHER'S NAME						NAME	No.	
(Ves, no, or unknown) (If yes give wor or dotes of service)   214-09-6558   Grank Campbell 900 Concord St. Hagerstown   214-09-6558   Grank Campbell 900 Concord St. Hagerstown   INTERVAL ONSET AN INTERVAL ONSET AND INTERVAL				Unkno	wn				Unknown		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)   PART I. DEATH WAS CAUSED BY:   Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse (c) lost.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART III. OTHER SIGNIFICANT CONDITIONS COURSED TO THE TER		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17.	NFORMANT	A	ddress	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   PROBLEM CAUSE (o)   DUE TO		(16		(It yes give wor or dotes o	2	14-09-6558	3r	ank Campbell	900 Concord	1 St. Haa	eratown.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b) stating the underlying couse (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  19. WAS A PERFO YES  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTION COUNTRY  201. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 While Not While OT WORK CONTRIBUTION COUNTRY  202. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 While Not While OT WORK CONTRIBUTION COUNTRY  203. ELECTRON CONTRIBUTION COUNTRY  204. ADDRESS  205. DIRECTOR CONTRIBUTION COUNTRY  206. CITY OF TOWN COUNTRY  207. CICY OF TOWN COUNTRY  208. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)  207. CICY OF TOWN COUNTRY  208. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)  209. CITY OF TOWN COUNTRY  200. BURIAL, CREMATION, CITY OF TOWN COUNTRY  200. BURIAL, CREMATION, CITY OF TOWN COUNTRY  201. LOCATION (CITY OF TOWN)  202. DIRECTOR COUNTRY  203. BURIAL, CREMATION, CITY OF TOWN COUNTRY  204. ADDRESS  205. DATE SIGNED  205. DATE SIGNED  206. CONTRIBUTION COUNTRY  207. ADDRESS  208. DATE SIGNED  208. DATE SIGNED  209. DATE SIGN				TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BELLT			ONSET AND DEA
Stoting the underlying couse   (c)   Stoting the underlying couse   (c)		45	Conditions, if ony	, which gove )	2	Lawre My	0	moseyson,	4 FIARD	212	Yes-
Description			rise to immediat	e couse (o), (	1 /		1 -				
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour o.m.  p.m.  19  201. I certify that (I) (this haspital) attended the deceased fram Sow the deceased alive on  19  202. SIGNATURE  203. BURIAL, CREMATION, REMOVAL (Specify)  204. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  206. City or town)  (County)  While Ot work Ot w				nying couse	(c)						
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.  19  20d. INJURY OCCURRED While of work of twork of twork of two	1	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPS PERFORMED
21. I certify that (I) (this haspital) attended the deceased fram 19 cm, and that death occurred of M, fram causes and on the date sta 220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED 3 CM PHYS. 22d. ADDRESS NAME (Type)  230. BURIAL, CREMATION, REMOVAL (Specify)  230. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  231. LOCATION (City or Town) (County)  County		_	OR CONTRIBUTING	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OF	CCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)		
220. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR		MEDICAL	Hour o.i	n. 19	While of wor	Not While	foct	ory, street, office bldg., etc.)			
ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 3 007 M  22c. PHYSICIAN'S NAME (Type) N. N. FEHOLY 22d. ADDRESS 218 N. Portunal St. Handys rown W  23o. BURIAL, CREMATION, REMOVAL (Specify) 40/5/66 Rest. Haven. Cemetery Removal (County) Hagerstown Washington			21. I certi	fy that (I) (this has eceased alive on_	pital) atten 2 Oct	ded the deceased	fram and tha	t death occurred of	9 de ta 1 00 M, fram caus	es and on the	e, that (I) (we a date stated o
NAME (Type) W. M. FEHOLY 218 N. Potomic St., Hackstony W. 230. BURIAL, CREMATION, REMOVAL (Specify) 40/5/66 Rest. Haven. Cemetery Removal (Specify) Hagerstown Washington			220. SIGNATURE	25	2		M.I		MED. STAFF DIRECTOR PHYS.		- 4 4
REMOVAL (Specify) Burial 19/5/66 Rest Haven Cemetery Hagerstown Washington	/				FEL	1031			some St. H	tacks to	in his
		230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE							11
24. FUNERAL DIRECTOR When Company ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	K.	- 04				Kest Ha	ven.	emetery			
	8.	•	Don't Ha	Jon Guneral	Chana	Hoppes	TOWN	Md DATE OF	T G 104C	11/1/10-01	la O

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Harris b. COUNTY Washington Washington MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 write RURAL ond give negrest town) Hagerstown 2 weeks Hagerstewn/ Houston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2407 Albright St. Hamilton Hotel Hami/I/ton/Hotel YES NO First Middle Lost 4. DATE Month Dov Year OF COURTNEY LANGLEY October 23 1966 K. DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 46 birthday) Hours white WIDOWED TX DIVORCED Aug. 25, 1920 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
machinist machine shop COUNTRY? Smackover, Ark 14 MOTHER'S MAIDEN NAME Estelle Parks William Langley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) 429-18-0984 Mrs. Bertha L. Lewis Smackover, Ark INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Ivroces Hassiva Brain Injury Conditions, if ony, which gove Hea rise to immediate couse (a) DUE TO stoting the underlying couse emort 129.8. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMEO? YES 💉 NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) uflicte & quishet wound of Head 20c. TIME OF INJURY Month. Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) Hagorstower (Wa25/1 Mel 10-22-1966 ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection , Inquiry , and in my apinian death resulted fram: Natural causes Accident Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ( 10-24-66 OFPUTY MEDICAL EXAMINER . 217 W. Washington **EXAMINER'S** Edward W. Ditto, III. M.D. Address (Street, city, town, or county) Hagerstown. NAME (Type) Maryland 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 10-27-66 Salem Cemetery Smackover, Arkansas 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI Minnich Funeral Home Hagerstown, Md. 1966

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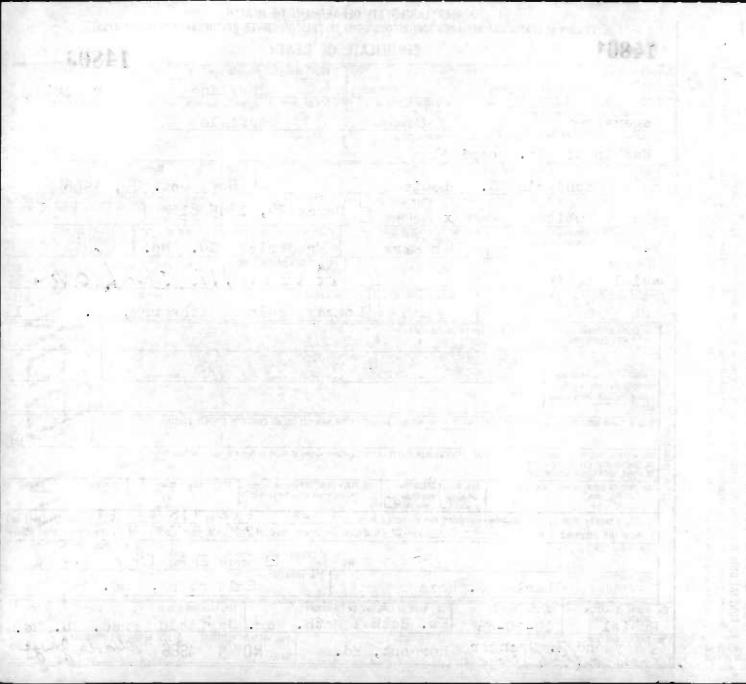
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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

DECEADOR AND DECORDE 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	1480		IICAL KLJLA			OF DEATH	EI, DALIII	HORL, MARILI	1421	a
1	. PLACE OF DEATH o. COUNTY	Washington	1	MARYLA	ND ON	2. USUAL RESIDENCE (V o. STATE	Where deceose	ed lived, if institution b. COUNT		
		If outside corporote limits give neorest town) Rural, Hage	5,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If ou	tside corporot	e limits, write RUR/	AL and give neor	est town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	et in hospital, gi	ve street oddress)		d. STREET ADDRESS	па	gerscown		e. IS RESIDENCE ON A FARM? YES NO
100	B. NAME OF DECEASED (Type or print)	Gaith	ner	Middle Lee		Lost Lewis	4. DATE OF DEATH	Month Oct		
5	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [ DIVORCED [	8	April 16,	9.	AGE (In years last birthdoy) 46 yrs.	Months Doys	Hours Min.
d	TOOL & I	(Give kind of work done life, even if retired) Le	10b. KIN	D OF BUSINESS OR USTRY rcraft		11. BIRTHPLACE (County Wolfsvill	е	eign country)	12. CITIZEN COUNTRY U.S.A.	
	I3. FATHER'S NAME	dward Lewis	3			Ammie Him				
	15. WAS DECEASED EVE (Yes, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes of World Wa	f service)	OCIAL SECURITY NO.  19-12-1552		oformant s. Helen Le	wis. R	Addres		m. Md.
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		o), (b), ond (c).) onary occlus	sior					TERVAL BETWEEN NSET AND DEATH Instant
	Conditions, if ony rise to immediat stating the under last.	e couse (o),	(b) Arter	iosclerotic	c ca	urdiovascula	ar dise	ease		3 years
TIOIL	PART II. OTHER SI	-	ONTRIBUTING TO	DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)		WAS AUTOPSY PERFORMED? YES NO 🔀
CENTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (	Enter noture of injury in I	Port I or Port	II of item 18.)		
MEDICAL	20c. TIME OF INJ	10	20d. IN While ot work	The second secon		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(County)	(Stote)
	saw the d	eceased alive on	nital) attend	ed the deceased fro	am d that	3-14, 1 death occurred at	9 <u>56</u> , to	, fram causes o	and on the do	
	22c. PHYSICIAN'S	les Ga H	eso		M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 10-10	
1	NAME (Type	Charle		ss, M.D.		Sm		irg, Mary		
1	REMOVAL (Specify Burial	10-11-		23c. NAME OF CEMETER Smithsbur ADDRESS		emeterv		thshire	,	.,
	24. FUNERAL DIRECTO		ne, Smit	thsburg, Ma	ryl		CT 1	1 1966	Wash.	Judge Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4803

CERTIFICATE OF DEATH

14805

PLACE OF DEATH     a. COUNTY	Washington	MARYLANO	d. STATE Ma:	(Where deceased lived, if institution: Re ryland b. COUNTY	Washington
b. CITY OR TOWN	(If autside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corparate limits, write RURAL and	d give nearest town)
Hagers	nd give negrest tawn)	2 weeks	Hager	stown	21.1
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hasp	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	gton County H	lospita1	Rd. #	1	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lester	Middle <b>E1 sworth</b>	Lewis	4. DATE Month OF DEATH Octob	Day Year Der 23 19 66
S. SEX	6. COLOR OR RACE 7. MAR	RIEO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF UN	OER 1 YEAR   IF UNDER 24 HRS.
male	white WIDO	WED DIVORCED	April 18	,1909 57 yrs. Mont	ths Days Haurs Min.
		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (Count	ty & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
during most of workin	Tille, even in renired)	construction	Garfie:	1d (Fred. Co.) Md.	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Charles Lewis	5	Etta '	Tracey	
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? ) (If yes give war ar dates of service)		NFORMANT	Address	
no	(ii yes give wat at dates of service)	220-10-3676 Vi	irginia Pa	almer Lewis, Ha	gerstown, Mc
	DEATH (Enter anly ane cause per lin				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Brain Damage			2 Weeks
433	OUE TO				
Conditions, if an		Cerebral anoxia	V. 3		2 weeks
rise to immedia					
last.		Cardiac arrest			2 weeks
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Perit	onitis due to ru	uptured appendix			PERFORMED? YES NO 29
OR CONTRIBUTIN	AS UNDERLYING   G  CAUSE OF OEATH Y MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Part I or Port II af item 18.)	
Hour a	i.m.		E OF INJURY (Home, far ary, street, office bldg., etc		(Caunty) (State)
		ttended the deceased fram		1963 to 10-23	19_66 that (I) (we) last
saw the	deceased alive an 10-2	22 19 <u>66</u> , and that	death accurred a	t2:05AM, fram causes and a	n the date stated above.
22a. SIGNATURI	harle 5. 71	kens M.D		MED CTAFF	D. DATE SIGNED .0-24-66
22c. PHYSICIAN NAME (Typ		ess, M.D.	22d. ADDRESS Smith	hsburg, Maryland 2	1783
23a. BURIAL, CREMAT buringval (pecil		23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town) Ce. Garfield. M	(Caunty) (State)
24. FUNERAL DIRECT	OR	ADDRESS		'D BY REGISTRAR 2Sb. REGISTRAF	R'S SIGNATURE_
Minnic	h Funeral Hom	e Hagerstown,	Md . DATE C	OCT 27 1966 200	carles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, affecting my event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Poge 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1480	4		CERTIFI	CATE	OF DEATH				14	81)1	S
	LACE OF DEATH					2. USUAL RESIDENCE (V	Where decea	sed lived, if institut b. COU		befare	admissi	on)
		ngton, E	lagerst	own MARYI		Marv	land		Free			
ŀ	. CITY OR TOWN (	If outside carparate limits		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If au	itside carpor	ate limits, write RU	RAL and give	nearest	tawn)	
	Write KUKAL On	d give nearest tawn)				Fred	erick			/	9 -	2
(	. NAME OF HOSPI	TAL OR INSTITUTION (If no	in haspital, g	ive street oddress)		d. STREET ADDRESS B	ox 3	338		e.	IS RESI	
	Washir	ngton County	Hospi	tal		Rout	e # 5			Y	ES 🗌	
	AME OF	Fin	st	Middle		Last	4. DATE	Mani	h	Day	Ye	or
(	Type or print)	Gertru	ide	Mary		Lindquist	OF DEATH	Octobe	er 33,			66
S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months I	YEAR Days	Haurs	R 24 HRS. Min.
I	emale	white	WIDOWED	DIVORCED		11/28/190	9	56 yrs.	INOTHIS I	outs	110013	171311.
10a.	USUAL OCCUPATIO	N (Give kind af work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fo	areign country)	12. CITIZ	EN OF NTRY?	WHAT	
	ng most of working Hostess	life, even if retired)		DUSTRY e Co. Inn	1	Baltimo	re. N	1d.	COU	VIKT!		
_	FATHER'S NAME					14. MOTHER'S MAIDEN						
	Ge	orge F. R	ochfor	rd		Marga	ret E	Barry				
	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17.	INFORMANT		Addr	ess			
Ye	s, na, or unknown)	(If yes give wor or dates o	service)	-48-1050	Ge	orge A. L	inda	ist.Jr	.son.	ab	ove	
7	IR CALISE OF D	EATH (Enter only one caus			100	0190				INTE	RVAL BE	
-	PART I. DEA	TH WAS CAUSED BY:		Subarachno	44	homowyhogo		6 weeks		ONS	ET AND I	DEATH
	230	IMMEDIATE CAUSE  DUE		Subarachin	<del>)</del> .	nemorrnage			35.5	-		
	Canditians, if ony	high gave >	(b)	Ruptured a	aneu	rysm (anter:	ior co	ommunicat	ing	3	wee	ks
	rise to immedia	te couse (a),	-/			t-operative						
	stating the under	eriying cause	(c)						5	-00	083	- 3/
			` '	O DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1(a)		19.	WAS AUT	OPSY
CERTIFICATION		iabetes and									PERFOR	NO 🗔
3		AS UNDERLYING	205. DF	SCRIBE HOW INJURY OC	CURRED.	(Enter nature af injury in	Part I or Po	rt 11 af item 18.)				
EKI	OR CONTRIBUTING	G CAUSE OF DEATH	255. 00			,	-77.9					
MEDICAL (		WEDICAL EXAMINER) URY Month, Day, Year	20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farn	n, 20f.	(City or tawn)	(Cour	nty)		(State)
MEDI	Haur a		While	Nat While		tary, street, affice bldg., etc.						
	p.	. Ulk	at work	ded the deceased	from	9-8-66	19	to 10_/2	-66 19	the	nt (1) (	we) la
	cow the	lacensed alive on	Oct. 3	1966 . 0	and the	it death accurred of	9:30	M, fram couses	ond on the	e date	stote	d abov
	22a. SIGNATURE								22b. DA			
	/	A.F.6	ad	ellar	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	3			
i	22c. PHYSICIAN	5				22d ADDRESS			11			1// 1
	NAME (Typ	e) A. F	Abdul	lah, M. D.		132	N. Po	tomac St	., над	erst	own	, Md
230	BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. L	OCATION (City or To	ıwn) (	Caunty)	(:	State)
	BUTTAL (Specif	y) 10/7/	66	Holy Red	ieen	ner Cemery	В	altimor	e, Md			
24		or Funera					D BY REGIST	RAR 2Sb. R	EGISTRAR'S SIG	GNATURI		
		Brehms La		e, Inc.		DATE	OCT 6	1066	pelia	rea	2 Cor	das
	-J -J -J -L	LIGHT WILLIAM LOCK	44.0									

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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Page 4 may be retained by the haspital ar attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14000

14805	CERTIFICATE	OF DEATH		14004
1. PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceased lived, if institution	: Residence before odmission)
o. COUNTY Washington	MARYLAND	o. STATE.	b. count	shington
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RURAI	L ond give neorest town)
write RURAL and give nearest town)	4 D			7, 1
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	4 Days	d. STREET ADDRESS	TOWN	I e. IS RESIDENCE
The same of the sa			77.	ON A FARM?
Washington County Hos		1721	Virginia Ave	
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Roy Edwin I	Juther	Marr	DEATH Oct.	26, 1966
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours Min.
Male White WIDOWED	DIVORCED S	ent. 3 189		Morris Dojs Hours Mills.
	ND OF BUSINESS OR	T1. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
	oustry etierd	Hagerst	own.ld	COUNTRY?
13. FATHER'S NAME	000000	14. MOTHER'S MAIDEN		
Anarew H. Marr		Anna R	. Walleck	
IS WAS DECEASED EVER IN ILS ARMED ECIPCESS 16 S	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)		g. Janet	Leredith Hage	
		0 0.1100	CTOOL OIL HERE	INTERVAL PETWEEN
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b) ond (c).)	50	. 1.1	ONSET AND DEATH.
IMMEDIATE CAUSE (o)	Le pricero	my cu	Sura	12000
42.00 DUE TO	Messagele	. l. ho	1/1 1214000	, 2 mm
Conditions, if ony, which gove (b)	allysece	ac ruis	17 VISCON	/ / /
stoting the underlying couse				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
old Marie	un oule			YES NO
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFEY MEDICAL FXAMINE)	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeor 20d. IN		E OF INJURY (Home, form		(County) (Stote)
Hour o.m. While of work		ory, street, office bldg., etc.	12 1.	11
21. I certify that (I) (this haspital) attend		9/27	19 60 to 9/26	19 that (I) (we) las
saw the deceased alive an 2	19 and that			nd an the date stated above
220. SIGNATURE				22b. DATE SIGNED /
1012m1, 000, 6	Mula	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	10/4/1/40
22c, PHYSICIAN'S	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22d. ADDRESS	DIRECTOR LE HITS.	12000
NAME (Type) Donald E. Martin	n, M.D.	418 N. Po	otomac St., Hage	erstown, Md.
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (	PEMATORY	23d. LOCATION (City or Town	(County) (Stote)
- PEMOVAI (Specify)			Hagerstown	
24. FUNERAL DIRECTOR	Rest Haven			TRAP'S SIGNATURE
Andrew K. Coffman Funera	J Hour Inc			Charles Judge
Lateral and and an analysis and and and and and an analysis of the second analysis of the second and an analysis of the second and an analysis of the second analysis of the second and an analysis of the second and an analysis of the second and an	THE TRUMPLE TITLE	DATE	TO TOPO A	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14808

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
WAShington MARYLAND	a. STATE 6. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	0 0 (. 10
Kural-Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
Hagerstown KD4	augrestoro ROB YES NO N
3. NAME OF First Middle	Last / 4. DATE Month Day Year
(Type or print) LESHER D. Mf	ARTIN DEATH OCT, 27 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ 8	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  last birthday)  Months   Days   Hours   Min.
MAE WHITE WIDOWED DIVORCED	Sept. 10, 1916 50 yrs. Months bays mours
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retigod) A. High School	near Ceartoss md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bannain Mantin	Emma Lesher
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	1 - Million College
(Yes, no, orankown) (Hyesgivewarordatesofservice)	M. T.
110 -22-08211	The Hossie Marly - working tou, V.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	unound of color 141.
1538 DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause	
(a), stating the underlying Cause last.	
(c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY
E TANTING THE STATISTICS CONTINUES TO SEATING TO SEATING THE SEATI	PERFORMED?
<u>5</u>	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While p.m. 19 et work at work	tory, street, office bldg., etc.)
	July 19 1966 to Oct 21, 1965 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	1
	death occured at
220. SIGNATURE	ATTENDING MED. STAFF 10/20/66 SIGNED
	A.D. PHYS. PHYS. PHYS. 7927100
1 22c. PHYSICIAN'S NAME (Type) David P. HRSS	22d. ADDRESS Mady Gove Po
238. BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY	
REMOVAL (Specify)	much Cem. Near Cearfoso, Ind.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CLEIMmunich - DREENCASHE	DATE NUV 1 1966 Charles Judge
	V // V

death. Page is be retained by the hospital or attending physician.

O FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Toges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL death. Page TO FUNERAL VR A15 (4) 15M 7/61

When the Birands The - Bearing it will be

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF	DEATH	
			 _

	14807	CERTIFICATE	OF DEATH		4809
1.	PLACE OF DEATH COUNTY Shington	MARYLAND	a. STATE	Where deceased lived, if institution: Residence	befare admission)
-	b. CITY OR TOWN (If autside corparate limits,	C. LENGTH OF STAY IN 16	C. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give	negrest town)
	write RURAL and give nearest tawn) Hagerstown	6 Days		erstown	21 - 1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	I S COWII	e. IS RESIDENCE
9	Washington County F			son Ave	ON A FARM? YES NO
3.	NAME OF First	Middle	Last	4. DATE Manth	Day Year
	DECEASED	Lvin McNamee	****	OF DEATH Oct 28 1966	
S.	SEX 6. COLOR OR RACE 7. MAR		DATE OF BIRTH	Q AGE (In years   IETINDER )	YEAR   IF UNDER 24 HRS.
1	dale White WIDO	WED XX DIVORCED J	uly 13 18	393 73 birthday) Months yrs.	Days Haurs Min.
		Ob. KIND OF BUSINESS OR		& State, or fareign country) 12. CITIZ	ZEN OF WHAT
dur	ing mast of working life, even if retired) Car Inspector	Retired	Hagersto	wn Wash Co Md U	NTRY?
13.	FATHER'S NAME	2.002200	14. MOTHER'S MAIDEN N		
	Calvin D. McNamee		Mary E.	Crawford	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		IFORMANT	Address	- 15
1	s, na, or unknown) (If yes give war ar dates of service)	717-07-9292 Mrs	Gloria L	. Slate 19 Eliza	beth St
	18. CAUSE OF DEATH (Enter anly one cause per lin	ne for (a), (b), and (c).)	Hagerst	own Md.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) F7	rterio scleres is	Genella	lized with	ONSET AND DEATH
	DIJE TO				10375.
	Conditions, if any, which gave ) (b)	relice Throw	pooce o	Potenio sclew fil	
		Leart Diocease			
	last.	Tam Diviend			
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT			DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
ATIO	Prostotic Hype	ntrojeky, Beni	gn		YES NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED. (E	inter nature af injury in f	Part I ar Part II of item IB.)	
MEDICAL	Haur o.m. p.m. 19 a	While Nat While factor	OF INJURY (Hame, farm ry, street, affice bldg., etc.)		
	21. I <b>certify</b> that (I) (this hospital) a	ttended the deceased fram_C	et 13,1	966, to Oct 28, 196	6, that (I) (we) last
	saw the deceased alive on CC	2 19 66, and that	death accurred at	4 M. from couses and on the	e date stated above.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican land completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then proase remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

SIGNATURE

W. Ditto.

ATTENDING PHYS. M.D. 22d. ADDRESS

MED. DIRECTOR N

STAFF PHYS. Washington Street

22b. DATE SIGNED 10-28-66

PHYSICIAN'S NAME (Type)

22a.

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Hagerstown, Maryland 23d. LOCATION (City or Town)

(State) (County)

VR A15 (4) 20 M 1/66

BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR Hagesrtown Coffman Andrew

Edward

ADDRESS Home Inc Euneral

Cemetery

1966 2Sa. REC'D BY REGISTRAR OCT

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remova, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		14808	?		CERTIFICA	ME	UF DEATI			1 10	72.17	
	1.	PLACE DE DEATE				2	a. STATE M					
		W.	ASHINGTON		MARYLAND		LT	ARYLAN		WASH		
		b. CITY DR TOW	N (if outside corporation of sive nearest town	ie limits, n)	c. LENGTH OF STAY IN 1	1b C	CITY OR TOWN (I		ARSPRIN		ive neares	t town)
									WILDLU TM	J	21.1	
9					ospitai, give street addres	ss) d	. STREET ADDRESS		DOTE THE		e. IS RES ON A F	IDENCE ARM?
/		WASHING		Y HOS			RT.#	1 CLEA	RSPRING		YES 🗌	ND X
	3.	NAME OF DECEASED (Type or print)	ARCHI	rst <b>E</b>	WOODR OW		MICHAEL	4. DATE DF DEATH	OCTOB]	ER 26		66
	5.	SEX	6. CDLOR DR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years IF last pirthday) Mo			
		MALE	WHITE	WIDOWED	DIVORCED		12/24	1912	53,rs.	onths Days	Hours	Min.
	1Da dur	ing most of work WE LDER	ION (Give kind of work ing life, even if retire	A IR	NOUSTRY MFG.	co.	WEST	ounty & State, o		12. CITIZEN COUNTR	OF WHAT	
	13.	FATHER'S NAM	E			1.	. MOTHER'S MAI	DEN NAME				
		SHAN	NON MICHA	EL			CARRI	E F. (	GRAHAM			
8	15. (Ye	. WAS DECEASED	VER IN U.S. ARMED FD	f service)			DRMANT		Addre	10 -		
	,,,,	NO		23	34-01-8335	MRS	BERTH	AF. M	ICHAEL	CLEAR	\SPR]	NG
					ine for (a), (b), and (c).]	^		n /	(The	INTI	ERVAL BET	WEEN
5.		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		sective	Hn	evulga	rd H	outa	3	184	
		451,	DUE	то				l	3 15 10			16-4-1
		Conditions, If		(b)	•							
7		gave rise to cause (a), st		TD								
V,	-	underlying caus		(c)								
1	T10	PART II. DTHER S	IGNIFICANT CONDITIO		JTING TO DEATH BUT NOT RI	ELATED	TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN PA	RT 1(a) 19.	PERFOR!	
2	FICA			nor							ES	NO 🗌
	CERTIFICATION	DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMIN	TH NER)	DESCRIBE HOW INJURY OF	CCURRI	D. (Enter nature o	f Injury in Par	i or Part ii of it	iem 18.)		
	CAL		NJURY Month, Day,	Year   20d. I			OF INJURY (Home, f		ity or town)	(County)	(S	tate)
	MEDICAL	Hour a.n	-	While at work	NOT WHITE	ctory, s	treet, office bldg., e	tc.)				
	2	<del></del>		1	ed the deceased from	1/2	n 1	9.50 to_	10-26	19661	hat (I) <del>(w</del>	el last
			eased alive on	A			ath occurred at	1 17 1	the causes and			
		22a HIGNATUL	4/1/	10				7	2	2b. DATE SI		
	1	1110	115911	ix .			ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	10-2	8-6	.6
/		220. PHYSICIA NAME (T)	N'S ME	Bi	jukit		22d. ADDRESS	; du	port	- M	A	
	23a	BURIAL, CREM		HEREOF / 29/66	23c. NAME OF CEMETE CEDAR LA	ERY OR		23d. LOC	HAGERS	or county) TOWN	MD .	ate)
1	24.	FUNERAL DIRE	4	11	ADDRESS	_	25a. RE	C'D BY REGIST	RAR   25b. REGI	STRAR'S SIGN	NATURE	-
2	U	1. J. Ma	swent,	trac	sslavon 1	Me	DATE	10V 1	1966 2	Charles	o Jud	'se
3	-	1-4-	VI MILLER	-							11 6	/

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MODERN T RECORD TO SERVICE TO CHEMICAL

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AND THE RESERVE OF THE SHARE

ORDAN MAN MEN. SAMUNCE MAGNETONN TO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14809

PLACE OF DEATH o. COUNTY

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

O STATE

2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

FOR STATE HEALTH DEPT. 2, and 3 ta PM3. Page Department Item 18. Give Pages 1, Office alang with farm ate haurs after death. the with t Medical Examiner's This certificate shauld be executed within .5 burial-transit the certificate, shauld

pridr

the funeral directar.

Washington death. MARYLAND Morgan b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Paw Paw 2 Das. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs Washington County Hospital Postmaster YES NO 3. NAME OF Middle 4. DATE Lost 22 Z DECEASED James Tucker within 7 Miller Oct. (Type or print) 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthday) Male White DIVORCED WIDOWED event IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Orchardist COUNTRY ? IJSA INDUSTRY Jerome, Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Godfrey Wm Miller Emma Elizabeth Miller 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) ar remaval, 236-50-1593 Leoda Deutsch, Ellicot City, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Leus to-2 tile a s a burial-tra crematian, ( 40 675. extansive Brain D84294 Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING Shot while sitting in cab of truck CAUSE OF DEATH. designated agent, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health ar its designated age Paw Paw ot work ot work Mc 7924 Waller 10-1-1966 0704870 21. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry , ond in my opinion deoth resulted from: Noturol couses Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER SIGNATURE Schoward (1) 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10-3-66 **EXAMINER'S** Edward W. Ditto, III, M.D. NAME (Type) Address (Street, city, town, or county) Hagerstown, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) REMOVAL (Specify) 10/5/1966 St Pauls Lutheran Ch. Jerome. Removal 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Marley Judge uneral Homes, Berkeley Sprs DATE C 1956 Johnson 6M 1/66

VR A15ME (5)

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es rand 2 with the State Department of 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

PM3. Page Office along with form the funeral director. Page 4 should be forwarded to the Chief Medical Examiner

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

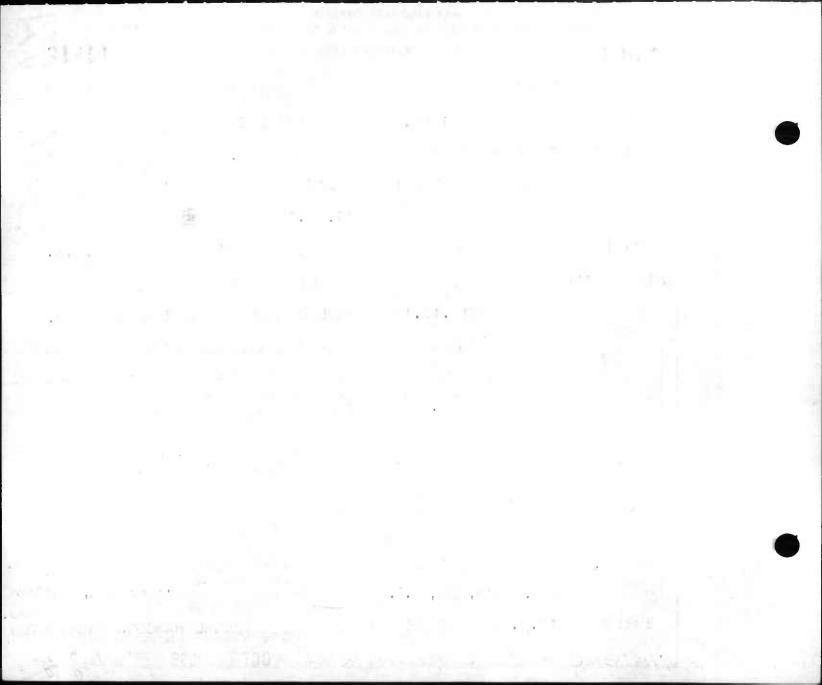
AL EXAMINER: This certificate should be executed within 24 hours after death. If

TO DEPUTY MED

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14810		MED	ICAL EXAMINE	R'S	CERTIFICATE C	OF DEATH	14	4812
1.	PLACE OF OEATH						Where deceosed lived, if inst		before odmission)
	o. COUNTY	WASHINGTO	N	MARYLA	ND		LAND		INGTON
	b. CITY OR TOWN (	If outside corporate limits	,	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If o	utside corporote limits, write	RURAL ond give no	eorest town)
		give neorest town)		1 MO.		RURAL	2	2	1/./
		AL OR INSTITUTION (If no				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
M	ASHONGT	ON COUNTY	HOSP	ITAL		HANCOCK	MD.		YES NO
3.	NAME OF OECEASED	Fir		Middle		Lost		lonth	Ooy Year
L	(Type or print)	ROY		CALVIN	_	OATS	OF OEATH 1		2 1966
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. OATE OF BIRTH	9. AGE (In years	Months Oc	EAR IF UNDER 24 HRS
	M	W	WIDOWEO			2.26.1897			
		(Give kind of work done like, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote			N OF WHAT TRY?
-	ring FOX R Mrking	G'				HANCOCK		U	.S.A.
	. FATHER'S NAME	0.70				14. MOTHER'S MAIDEN			
	ALLAS M		Lv		10.0		MCLUCAS		
15 (Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	f service)	OCIAL SECURITY NO.		NFORMANT		ddress	
				9.12.1702	P	AUL J MOA	TS RURAL 2	HANCOC	
7	18. CAUSE OF OF	EATH (Enter only one cause I'H WAS CAUSED BY:				, i	2.//		ONSET AND DEATH
	9.01	IMMEDIATE CAUSE	(a) [u]	mon 22)	/_/	Im polis	us, Bilat	72/	12625.
	Conditions, if ony,	DUE	10	,			1+6.4.000		2 /-
Н	rise to immediat	e couse (o),							128 days
	stoting the under	rlying couse	(c) 10 32 4	- tempor	27-6	1 820 07	FBrain.	~	7
	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING T			HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY
CERTIFICATION									PERFORMED? YES NO
FICA	2Do. EXTERNAL CA	USE WAS	20b. DES	CRIBE HOW INJURY OCCU	RRED. (	Enter noture of injury in	Port I or Port II of item 18.)		122 [7]
	PRIMARY Lor COI	NTRIBUTING 🗆					ling Log w		WOTK
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Yeor	2Dd. IN	JURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	n. 20f. (City or town)		
MED MED	Hour on	n. 9-5-196	6 While	Not While of work	focto	ry, street, office bldg., etc.	Hancock	wast	h tld.
					e, hel	d an Autapsy 🚾.	Inspection, Ir	nquiry 🔀,	and in my apinia
		ed fram: Natura					Undetermined		,
	· · · · · · ·	2	0	V/		-	EXAMINER		
	ACTUAL SIGNATURE	luna d li	1 1/1	NO TIT		_ M.U.	DICAL EXAMINER		22. OATE SIGNEO
	FYAMINED'S			N. D.		DEPUTY MEDIC	AL EXAMINER	1	0-3-66
000		Edward W. D			W 0.D 0		t, city, town, or county) He		
23	o. BURIAL, CREMATIO			23c. NAME OF CEMETER			23d. 10CATION (City or		ounty) (Stote)M[
2	4. FUNERAL DIRECTO		00	STONE BRI	DGE		RURAL HAND BY REGISTRAR 25b.	REGISTRAR'S SIGN	ASHINGTON
1	11	1 1	/	1 L			OT 7' 4000		



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CERTIFICATE OF DEATH

14813

1.	PLACE OF DEATH COUNTY Washingto	on		MARYLA	ND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceased lived, if institut b. COUN Was		
	b. CITY OR TOWN (II	autside carparote limits,		c. LENGTH OF STAY IN	1b		tside carporate limits, write RUF		
	Hagerston	negrest tawn)		3 Weeks		Rural Boo	onsboro Rfd. 2		21-1
	d. NAME OF HOSPITA	L OR INSTITUTION (If nat in h	aspitol, g	ive street address)	110	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Washingto	on County Hosp	oita.	l		Mt. Lena			YES NO
3.	NAME OF DECEASED (Type or print)	First Russell		Middle Lewis	1	Lost Moser	4. DATE Mont	h er 22,	Doy Year 19 66
S.	SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1	
	Male	White W	DOWED	DIVORCED		Jan. 2, 190	7 59 yrs.	Months	20 Hours Min.
du	ring most of warking li Metal Wor	(Give kind of work done ife, even if retired) <b>Ker</b>	INF	OUSTRY CRAFT		Myersvill			ZEN OF WHAT NTRY? • S. A.
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME		
	Elmer C.						ffenberger		-2
		IN U.S. ARMED FORCES? If yes give wor ar dates af servi		OCIAL SECURITY NO.	17. 1	NFORMANT	Addre	SS	
L	No.	7 5	2]	15-07-9085	Mr	. Agnes Mos	er, Boonsboro	Rfd.	2, Md.
	PART I. DEATH		m	etastatie			rl		INTERVAL BETWEEN ONSET AND DEATH
	rise to immediate stating the underl	couse (a), ( Dur To				Ü			
ATION	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIE	BUTING TO	O DEATH BUT NOT RELATI	D TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	205. DES	CRIBE HOW INJURY OCCU	IRRED.	Enter noture of injury in I	Part I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJUI Hour a.m p.m	10	20d. IN While of work	Mara Marillanda		E OF INJURY (Home, farm ary, street, office bldg., etc.)	, 20f. (City ar town)	(Caun	nty) (State)
	21. I certif	y that (I) (this haspital)	attend	ed the deceased from	om_Z	000,1	966, ta 2200	1. 196	G that (I) (we) last
		ceased alive on 22	- ac	1966, an	d that	death accurred at	2_AM, fram causes		
	22o. SIGNATURE	Janju	Dar		M.E	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DAT	TE SIGNED
	22c. PHYSICIAN'S NAME (Type)	J. D. Wi	lson	, M. D.		580 Nort	hern Ave. Hage	rstown	n, Md.
23	o. BURIAL, CREMATION	N, 23b. DATE THEREOF	111	23c. NAME OF CEMETER	RY OR (	REMATORY	23d. LOCATION (City or Tov	vn) ((	Caunty) (Stote)
	REMOVAL (Specify)	10- 25-	66		lle	U. B. Cemet			
2	4. FUNERAL DIRECTOR	A V COTAL AS		ADDRESS			T 2 7 1966 25b. REG	GISTRAR'S SIG	PATURE LINGE
1.1	John H. Re	et . Jr. 110 N	350	in C4 Door	aha	DATE OC	1 4 1 1000 1	, ,	10

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

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100		n Marylan		te Hospit	d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Stella	ost Vio	la Middle	n sow Last	4	0.5	anth	Dαγ Year 19 <b>6</b> /
	SEX emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF B		9. AGE (In years last birthday)	Manths	YEAR IF UNDER 24 HRS. Days Haurs Min.
	. USUAL OCCUPATION ing most af warking I Housew	(Give kind of work dane ite, even if retired) 110	IN.	ND OF BUSINESS OR DUSTRY <b>M O</b>		tehall	itate, ar foreign country)  Md	12. CITI COL	IZEN OF WHAT JNTRY?
13.	FATHER'S NAME	ohn Rams	e <b>y</b>		14. MOTHE	r's maiden naa <b>Ma</b>	ry A Snyd	er	
		R IN U.S. ARMED FORCES? (If yes give war ar dates o		SOCIAL SECURITY NO.	17. INFORMANT	Mumson		<sup>idress</sup> rstown	, Md.
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).) CeRebra	1 throm	bosis			ONSET AND DEATH
	Conditions, if ony, rise to immediate	cause (a),	(b) a	RERiosci	erosis,	981181	eal		zinknown
	last.	lying cause	(c)	O DEATH BUT NOT DELA	TED TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN PART 1(a)		19. WAS AUTOPSY
CATION	(1) Diabell	es mellihis	(21 m	Itiple puln	nonary thi	rombil	3 NEphrosch	Rosis	PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enfer nature	of injury in Par	t I or Part II of item 18.)		
MEDICAL	Haur a.m	19	While at wark	Nat While at wark	factory, street, aff	ice bldg., etc.)	20f. (City or town)		
	21. I certif	y that (I) (this hose ceased alive on	<del>spital</del> ) otteno	ded the deceased t	rom <i>Sept.</i> - and that death oc	<b>20</b> , 19 curred at <b>6</b>	46, ta Oct.	es and on the	that (1) (we) last the dote stated above
	22a. SIGNATURE	Vieter	L L.	Ramae	M.D. PHYS.	LJ DII		B Oc.	TE SIGNED +.6/1966
,	22c. PHYSICIAN'S NAME (Type)	VICTOR		amos, m	1D. 22d. A		spern md.	mary	
b	BURIAL, CREMATIO	10/8/			ery or crematory  11 Cemet		23d. LOCATION (City or Hagers 60	wn, Md	
24	. FUNERAL DIRECTOR	1		ADDRESS		25a. REC'D B'	Y REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

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wn, MG.	Complete Company (Septembrie)	filli ozoli	88\P\61
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, permithoval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14215

	4 - 0 - 0	
1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad a. STATE Maryland b. COUNTY Washingto	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town lyear lyear	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares  Route # 4 Hagerstown 2/./	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route # 4 Hagerstown, Maryland.	d. STREET ADDRESS  e. IS RES ON A F YES	
3. NAME OF DECEASED (Type or print)  LESTER EL MINDS	DEATH 19	66
Male White WIOOWED A OIVORCED A	8. OATE OF BIRTH 9. AGE (In years IFUNDER YEAR IFUNDER LYEAR Hours 1888) 4 June 1988 1 Jun	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Self-employed		
David H. Naille	14. MOTHER'S MAIOEN NAME Missouri Harshman	-
	rs.Charles Baker, Rt.# 4 Hagerston	w <sub>n</sub>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmmary embal  OUE TO Cenditions, If any, which \( \)  Conditions	i interval BET ONSET AND Co days	DEATH
cause (a), stating the underlying cause last.  OUE TO  Graphumaine and	arterioscherotic hart duine years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANCE  208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
p.m. 19 at work at work	ry, street, office bldg., etc.)	state)
21. I certify that (I) (this hospital) attended the deceased from 1966, and that	dock, 1966, to death, 19, that (I) (we then the causes and on the date stated	ve) last above.
22a. SIGNATURE C. Starffer M.C		
PHYSICIAN'S Dr. John Stauffer, MD.	145 S. Prospect St. Hagerstown,	, Md
	Lutheran Cem. Myersville, Maryla	nd.
24. FUNERAL DIRECTOR ADDRESS	ryland NOV 2 1966 Charles Jud	el.
Gladhill Company, Middletown, Max	rylandonie NOV 2 1966 fillantes Just	7

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	VI)		14814	CERTIFICATI	OF DEATH		14816
l and er death			COUNTY washington	MARYLAND	mary	Mark b. COUNTY	Carroll
by the fur Pages 1 ours after			o. CITY OR TOWN (If autside carparote limits, write RURAL and give hearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If Jutside	corparate limits, write RURA	Land, give nearest tawn)
filled in papers.	91		I NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give greet oddress)	d. STREET ADDRESS	mill Ro	e. IS RESIDENCE ON A FARM? YES NO
ician ond completely filled in by the lease remove carbon papers. Pag and in ony event, within 72 hours			NAME OF CECEASED Type or print)  First	Middle	NEUS	DATE Manth OF DEATH	- 16 19 6 G
d comp		S.	Male White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2-12-87	last histhday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
hysician ond n pleose rem		duri	USUAL OCCUPATION (Give kind of work done ng mast at working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	mes	12. CITIZEN OF WHAT COUNTRY?
phys roval			FATHER'S NAME GOSEPSh	neus	14. MOTHER'S MAIDEN NAME	tise	
E E O		Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give wor or dates of sen	11ce 2/6-12-8828	mo-Trunca	is P. Hanel	Jentosbay RT
signed by the offer buriof-tronsit perr buriof, cremation,			1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	or line for (a), (b), grid (c).)	freumo	uia)	INTERVAL BETWEEN ONSET AND DEATH
signed buriol-tr			Canditians, if ony, which gave rise to immediate cause (a), DUF TO	Parkinson	's Disea	use)	20 yrs.
been as the rior to h			stoting the underlying cause (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IRITING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
ficote hos for use as	0	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
certific ched fo pt. af H			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)
fter this be detaction		MEDICAL	Hour a.m. 19 21. I certify that (I) (this haspita	While Nat While at work fac	tory, street, office bldg., etc.)	6 to 10-11	2. 1966 that (I) (we) las
TOR: A should th the			saw the deceased give on 220. SIGNATURE		700	M, from causes or	nd on the date stated above
L DIRECTOR 3			22c. PHYSICIAN'S	Megolid IM	D. ATTENDING MED DIRE	ECTOR PHYS.	10-16-66
FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to	1	230	NAME (Type)  BURIAL, CREMATION, 23b. DATE, THEREO			23d. LOCATION (City or Town	(County) (Stote)
O FUN OF STORY	R	24	FUNERAL DIRECTOR	66 mesques To	250. REC'D BY	REGISTRAR 25b. REGI	STRAR'S SIGNATURA
20 M 1/66	. 18	(	-5- marks. 12. 1	Hothereder 1	1 - DATE UUI	1000 T	The state of the s

**IO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

815	CERTIFICATE	OF	DEATH

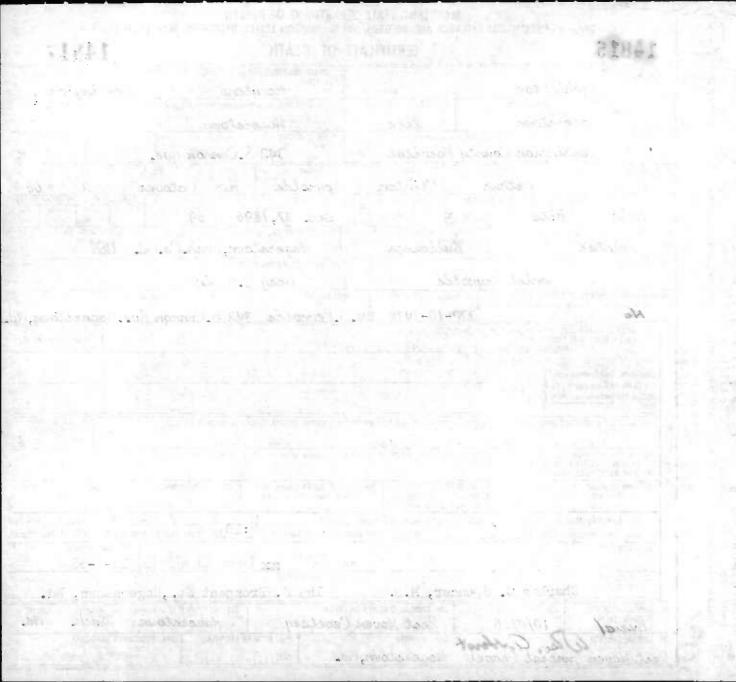
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I. PLACE OF DEATI	4			1 2	HICHAI DECIDENCE	M/hore decore	ed lived, if institu	ution. Pocidon	L.f	adminsion!	
a. COUNTY	1. 1			1	a STATE		b. (OI	INTY .			
	Washington		MARY			yland			hingt		
	N (If outside corporate limits, and give nearest tawn)	,	c. LENGTH OF STAY IN	N lb	CITY OR TOWN (If ou	utside corpora	te limits, write R	URAL ond give	e neorest t	own)	
WITTE KOKAL	Hagerstown		Life		Hagi	erstow	n		2	1 -	1
d. NAME OF HOS	PITAL OR INSTITUTION (If not	t in haspital, gi	ve street oddress)		I. STREET ADDRESS				e.	IS RESIDE	ICE M2
	Washington (	County	Hospital		342	S.Can	non Ave.			S N	
3. NAME DF DECEASED (Type or print)	Firs Arti	hur	Middle Clinton		Reynolds	4. DATE OF DEATH	Octobe		Day 2	Year 19 6	6
s. SEX Male	6. COLOR OR RACE White	7. MARRIED [ WIDOWED [	NEVER MARRIED  DIVORCED		Dec. 27,18		AGE (In years last birthdoy)  9 yrs.	Months		Haurs	4 HRS. Min.
10a. USUAL OCCUPAT during mospof work	ION (Give kind of work done inclife even if retired)		D OF BUSINESS OR BUSINESS OR BUSINESS		11. BIRTHPLACE (County	& State, or fa	reign country)		TIZEN OF V	/HAT	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME		7 7 7			
	Daniel	Reynol	ds		Mary	C.ALL	in				
1S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. Sr	OCIAL SECURITY NO.	17. INFO				ress			
(Yes, no, or unknown	n) (If yes give war or dates af	service)	-10-3438	4. 0	Reynolds	010 0	0	1 11			44
	DEATH (Enter only one caus EATH WAS CAUSED BY: IMMEDIATE CAUSE (	(o) Vn	elimon	ria					ONSET	VAL BETWI AND DEA	EN
Conditions, if a rise to immed stating the unlast.	IFATH WAS CAUSED BY:  IMMEDIATE CAUSE (  JULY 1  Iny, which gave (o), (derlying couse)  (1)	(a) 10 10 (b) 10 (c)	erman						PONSET	AND DEA	EEN TH
Conditions, if a rise to immed stating the unlast.	IFATH WAS CAUSED BY: IMMEDIATE CAUSE (  JULY 1  JULY 1	(a) N TO (b) TO (c) ONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO THE	Emphy	sen	na		ONSET	AND DEA	EEN TH
Conditions, if a rise to immed stating the unlast.  PART II. OTHER  20a. ACCIDENT 10 (FETTHER NOT)	INMEDIATE CAUSE (  IMMEDIATE CAU	(a) N TO (b) TO (c) ONTRIBUTING TO	D DEATH BUT NOT RELA	ATED TO THE	Emphy	sen	na		In the second se	AS AUTOP	EEN TH
Conditions, if a rise to immed stating the unlast.  PART II. OTHER  20a. ACCIDENT IO (FETTHER NOT)	INMEDIATE CAUSE (  IMMEDIATE CAU	(a) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	D DEATH BUT NOT RELA  CRIBE HOW INJURY OC  JURY OCCURRED  Not While  of work	ATED TO THE CCURRED. (Ent	FINJURY (Home, form street, affice bldg., etc.)	Port I or Port	(City ar tawn)		19. WP PYES	AS AUTOP: REFORMED  (Ste	SSY (Partie)
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Conditions, if a rise to immed stating the un last.  PART II. OTHER 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOTI Haur 21. I ce saw the 22o Signature)	IMMEDIATE CAUSE (  IMMEDIATE CAUSE (  IMMEDIATE CAUSE (  INJURY MONTH, Day, Year a.m. p.m.  19  Trify that (I) (this hosp deceased glive on  RE  IMMEDIATE CAUSE (  DUE 1  (C)  OUT TO  OUT TO	(a) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	D DEATH BUT NOT RELA  THE TFO LE  CRIBE HOW INJURY OC  JURY OCCURRED  at work  at work  19 662, a	ATED TO THE CCURRED. (Ent 20e. PLACE C factory, from and that d	DF INJURY (Home, form street, affice bldg., etc.) each occurred at ATTENDING PHYS.  22d. ADDRESS  115 S. P.	Port I or Port  n, 20f.  8:IOAM  MED. DIRECTOR	(City ar tawn)  O DET = 1, from couses  STAFF PHYS.	2, 19_s and an the 22b. D. 10-	19. When the date ATE SIGNED	AS AUTOPERFORMED NO	SY ??

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14816 CERTIFICATE OF leath. by the funeral Pages 1 and naurs after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Washington Washington MARYLAND The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corporate limits. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d campletely filled in by the mave carban papers. Page ny event, within 72 haurs of write RURAL and give negrest town) Hagerstown R.D. 12 Years Hagerstown R.D.#2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 Hopewell Rd. Hopewell Rd. YES NO XX 3. NAME OF Middle First Last 4. DATE Month Day Year DECEASED (Type or print) CLARENCE HENRY ROHRER Oct. 66 and in any event, DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED remave 8 last birthdoy) Davs Hours July 18, 1882 White Mal e WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauritry)) 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done COUNTRYS during mast of working life, even if retired) Rohre attending physician sermit. Then please NDUSTRY Chewsville Wash. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mayal, Jacob M. Rohrer Lillie M. Ebboh Bovey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Hazerstown (Yes, ng, ar unknown) (If yes give war ar dates of service) permit. 214-09-2093 Mrs. Marie C. Rohrer 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p the cremati ONSET AND DEATH Coroner 1 hrombosk IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUF TO burial, Arteriosclerotic Heart Diverse Canditians, if any, which gave rise to immediate couse (o), DUE TO far use as the b Health priar tab stoting the underlying couse has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.) OR CONTRIBUTING CLAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) 20c. TIME OF INJURY Manth, Day, Year (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at work at wark pe 21. I certify that (1) (this hospital) attended the deceased from H2 4 , 19 55, to Oct 1966, that (1) (we) last shauld with the saw the deceased alive on Oct. 21 1966, and that death accurred at 10 A. M, fram causes and on the date stated obove. 22g. SIGNATURE 22b. DATE SIGNED STAFF 3 directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Motomic DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOYAL (Specify) 10/24/66 Rose Cemeterv gerstown 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Mianle DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1001	F-1-201		CEKTIFIC	CAIE	OF DEATH			1481		
	CE OF DEATH					2. USUAL RESIDENCE (V	Where decease			e befare odm	issian)
	a. COUNTY Washington			MARYLA	AND	a. STATE b. COUNTY Maryland Washingto			n		
b. (	TY OR TOWN (I	outside corporate limi	its,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou					1)
Ha	vrite RURAL and gerstor	give neorest town)		D. O. A.		Rural Bo	onsbo	ro Rfd.	2	2	11
		L OR INSTITUTION (If r	not in hospital, g			d. STREET ADDRESS				e. IS R	ESIDENCE
Wa	shingto	on County	Hospita	1		Maplevil	lle			YES	A FARM?
3. NAN	AE OF		irst	Middle		Lost	4. DATE	Mon	th	Doy	Year
DEC:	e or print)	Willia	am	Merle		Shifler	OF DEATH	Octob	er 6		19 66
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<b>1</b> 8	DATE OF BIRTH		AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
Ma	le	White	WIDOWED	DIVORCED	□ Au	igust 7,1909	5	lost birthday) 61 yrs.		29 Hou	rs Min.
		(Give kind of work dans		ND OF BUSINESS OR	- 420	11. BIRTHPLACE (County			12. CITI	ZEN OF WHAT	
during 1	during most of working life, even if retired)		DUSTRY Mapleville, Md.		d.	COUNTRY? U. S. A.					
13. FA1	THER'S NAME					14. MOTHER'S MAIDEN					
Wi	lliam 1	. Shifler				Ada Ke	ller				
15. W	AS DECEASED EVE	IN U.S. ARMED FORCES	? 16. 5	SOCIAL SECURITY NO.	17. 11	NFORMANT		Addr	ess	1000	
(Yes, no		(If yes give war or dotes		5-07-7117	Mrs	. Mildred H	C. Shirt	elan Rfd	. 2 Bo	onsbor	o. Md
18		ATH (Enter only one co					1			INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSI	(0) M	unard	cal	2 meter	rele	on		ONSET AN	ones
	420		E 10	H.	1	-	1	1.	•	MINE	1-1
Conditions, if any, which gave rise to immediate cause (a), (b) Whereastlander Reart declase					mo	4					
	ting the under		E 10								U
las		)	(c)								THE C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(q)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(q)  PERFORMED?  YES NO DEATH OF INJURY MAS UNDERLYING TO RECOVER BE HOW INJURY OCCURRED. Internature of injury in and 1 or Part II of item 18.)  YES NO DEATH OF INJURY Manner, Day, Year Hour a.m.  YES NO DEATH OF INJURY Manner, Day, Year Hour a.m.  YES NO DEATH OF INJURY Manner, Day, Year Hour a.m.  YES NO DEATH OF INJURY Manner, Day, Year Hour a.m.  YES NO DEATH OF INJURY Manner, Day, Year Hour a.m.											
					E 200	o. ACCIDENT WAS	UNDERLYING   CAUSE OF DEATH	20b. D.	SCORBE HOW INJURY OCCU	URRED.	enter nature of injury in
E (IF	EITHER, NOTIFY	MEDICAL EXAMINER)	4, 4, 8							AR.P.	
∑ 20	c. TIME OF INJU Haur a.m	RY Manth, Day, Yeor		IJURY OCCURRED 2		E OF INJURY (Hame, farm		(City or town)	(Cour	nty)	(State)
WE	p.m	10	While at wark	at work	luciu			1 4	0		
	21. I certif	y that (1) (this ha	spital) attend	ded the deceased fr	am		9.50 , to		19_	_, that (I)	(we) last
saw the deceased alive an 10-4 1966, and that death accurred at 5.46 M, fram causes ar											
					MED.	STAFF -	22b. DA	TE SIGNED	_		
_	ſ	ever	4 / 10	eadlo-	— M.D	. PHYS.	DIRECTOR	LI PHYS. L	11 10	) 76	0
27	2c. PHYSICIAN'S NAME (Type)	Dobout T	TZ i	11 - 1/4 15			41	A T	To do so	4	דער בו
-				lle, M.D.	DV OD 5	580 Nor			0		
	URIAL, CREMATIO MOVAL (Specify) Uria I			23c. NAME OF CEMETE				CATION (City or To		County)	(State)
	Urial DIRECTOR		- 66	Boonsboro	o Ce		BY REGISTRA	onsboro AR 25b. R	Md CICIDAD'S SIG	CNATURE	
									0.00	-	
Joh	n H. Ba	st, Jr. 11	2 N. Ma	in St. Boor	asbo	ro Md DATE	CT	0 1966	yua	May Je	ede"

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending phys director, page 3 should be detached far use as the burial-transit permit. There should be filed with the State Dept. af Health priar to burial, crematian, ar remayal. VR A15 (4) 20 M 1/66

physican and campletely filled in by the funeral et pledse remave carbon papers. Pages 1 and 2 eval, and in any event, within 72 haurs after death

(1) 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral lave carban papers. Pages 1 and y event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY Washington Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town Hagerstown 4 urs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital letterson St

b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES -NO X 3. NAME OF Middle Lost DECEASED DEATH October Shunn I Mer. (Type or print) 19 66 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 62 birthdoy) White Months Male January 16, 1904 WIDOWED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY Joundry during most of working life, even if retired) Washington Co. Md. 13. FATHER'S NAME Clarence Elmer Shupp Gertie Virginia Stouffer
Address WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Marie U. Hahn 39 East Ave. Hagerstown, Md. 215-03-6830 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (Stote) (County) Hour .a.m. foctory, street, office bldg., etc.) Not While 21. V certify that (1) (this haspital) oftended the deceased from and that death occurred at 45. M, from couses and on the date stated above. sow the deceosed olive on 220. SIGNATURE 22b. DATE SIGNED

burial-transit signed by physician. burial, as the prior to has been of Health O FUNERAL DIRECTOR: After this certificate by the haspital ar for Page 4 may be retained directar, should b VR A15 (4) 20 M 1/66

physician and

affending phys

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please

oup

crematian, ar remay

Rest Haven Funeral Chapel

226. PHYSICIAN NAME (Type)

23o. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

Hagerstown Md.

M.D.

**ATTENDING** 

PHYS 22d. ADDRESS

> Hagerstown 2So. REC'D BY REGISTRAR

W. Washington St. Hagerstown, Md.

Washington

(Stote)

2Sb. REGISTRAR'S SIGNATURE

14850				A STA
	herality at 1			
	No. Clifford year			
	A March 111 TH		income, many	CAN SEE
		The second	Sign	
	Person M, Mare es		100	2.5
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY and completely Tilley in 27 remove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN of outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Marylan d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? M. artinon de YES NO X and within NAME OF First Middle Last DATE Month Day Year 4. DECEASED (Type or print) DEATH topeR 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Hours 3 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ysician please during most of working life, even if retired) COUNTRY? requires that the death certificate be touseur 13. FATHER'S NAME attending programmer. Then programmer in or removal. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH n signed by l burial-transit burial, crema PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the prior t underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate be retained by the hospital or NO P 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification detached for the Dept. of 1 MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be diffied with the State Hour a.m. While Not While 19 at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from APri 19 62 to 070 66. that (I) (we) last and that death occurred at 7 P. M. from the causes and on the date stated above. saw the deceased alive on O DATE SIGNED 22a. SIGNATURE 22b. page M.D. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) O FUNERAL 22d. ADDRESS director, p BURIAL, CREMATION, REMOVAL (Specify) (State) 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR ADDRESS 25a. 1966 VR A15 (4) 20M 1/65

11221 Hereceite Home Transford in the 24-22-744 In place Malaith IF est to the state of the state o Company Academy of Andrew Strategies Water IN AN OF THE POST OF THE PARTY 17 see that every some value of the contraction TOTAL 10/17/16 PORTHUL CENT THREATERS, 1/1 the I have man to the entire of their all the second of the

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 22

MEDIOAL EXAMINER O	SERTIFICATE OF BEATT
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  8. STATE WARD VITA AND D. COUNTY LIA CALL TAY OF COM-
WASHINGTON MARYLAND	MARILAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
HAGERSTOWN 45 YRS.	HAGERSTOWN 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress	ON A FARM?
WASHINGTON COUNTY HOSPITAL	136 S. MULBERRY ST. YES NO X
3. NAME OF First Middle DEGEASED GITTAD TITCE TO THE ONLY THE OFFICE TO THE OFFICE THE OFFICE TO THE OFFICE TH	SMITH DATE Month Day Year OF OCTOBER 17 166
(Type or print) CHARLES WASHINGTON  5. SEX   6. COLOR OR RACE   7. MARRIED   TO NEVER MAR	SMITH   SEATH OCTOBER 17 1966  8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
7. MARKIEO X NEVER MARKIEO	2 /28 /4 887   lest birthdey) Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KINO OF BUSINESS OR	111 DIDTUDI ACE (State or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired.  RETIRED BLDG. INSPECTOR CITY GOVT	COUNTRY2.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
THOMAS SMITH	STELLA RODGERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT HAGERSTOWN
(Yes, no, or unkown) (If yes give war or dates of service) 217-10-3102	MRS. EVA B. SMITH MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Subdural He	matema Rt Temporanamietal 21 hours
	Hatoma no. Temporoparitotal
1 1002011	Sigmoid Colon With Metastasis Several
gave rise to immediate	
cause (a), stating the underlying cause last.	years
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RE  20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCUPANTION  Fell at home.	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES X NO
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PRIMARY FOR CONTRIBUTING   Fell at home.	
	LACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
While Not while	ome Hagerstown Washington Md.
21. I certify that I took charge of the remains described above, h	
	duicide , Homlcide , Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Arthu Sular	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	DEPUTY MEDICAL EXAMINER 2 Oct. 19, 1966
NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETE 10/19/66 GREEN HIL	T CEM MAINTENANCE CO.
24. FUNERAL DIRECTOR ADDRESS	L CEM. WAYNESBORO PENNA.
11/ 1 Mes the Harriston	MAT DCT 20 1966 OCLIGATE O

VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH a. COUNTY 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY I in by the fu s. Pages 1 hours after Washington

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Marvi Washington MARYI AND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Hagerstown Md. | 10 yrs d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hagerstown Marvland completely filled in ove carbon papers. I event, within 72 hou filled e. IS RESIDENCE ON A FARM? Washington County Hospital Jonathan NO X YES NAME OF First Middle DATE Month Last 4. Year DECEASED 1966 (Type or print) Virginia Smith DEATH Oct 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 8. please remove any and Female Colored WIDOWED X DIVORCED [ April 8 = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician INDUSTRY COUNTRY? Domestic Private family illiamsport IISA certificate ed by the attending phy-transit permit. Then plansit or cremoval, 13. FATHER'S NAME Harrit Bywaters Edward Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) N. Jonathan st Ella Webb 301号 Mrs. 6 INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line been signed by the the burial-transit or to burial, cremat for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. 5 min IMMEDIATE CAUSE (a) DUE TO The law requires Conditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate h for use Health PERFORMED? YES NO this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d Not While While at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from 19 (a) that (I) (we) last DIRECTOR: Age 3 should AM, from the causes and on the date stated above. 3 sho saw the deceased alive on 1966 and that death occurred at // 22a. SIGNATURE 22b. DATE SIGNED page DIRECTOR M.D. O FUNERAL 22c. PHYSICIÁN 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Burial 0-14-1966 Rose Hill Cemeterv Hagerstown REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR ADDRESS VR AI5 (4) 20M 1/65

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death.

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	MARY	LAND STATE DE	PARTMENT OF	HEALTH	
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
00	MEDICAL	EVAMINED'S	CEDTIFICATE	OF DEATH	44004

WIEDICAL EXAMINERS	CERTIFICATE OF DEATH 14824					
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
NP. 1. 2. 4	a. STATE b. COUNTY					
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	Maryland Washington  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL end give nearest town)						
Rural Keedysville Rfd.1 Life	Rural Keedysville Rfd. 1 2/1/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS  e. IS RESIDENCE ON A FARM?					
Locust Grove	Locust Grove YES NO X					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) Elmer Harrison	Smith DEATH October 11. 19 66					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Male White WIDOWED X DIVORCED	July 22, 1888 78 yrs. 2 19 Hours Min.					
10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Night Watchman Chemical	Washington Co., Md. U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles Smith	Ellie Holmes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address Md.					
(Yes, no, or unkown) (If yes give war or dates of service)						
	s. Elvin Stottlemyer, Keedysville Rfd.l					
18. CAUSE OF DEATH [Enter only one couse per line for (a), (0), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)  Outletes	ONSET AND DEATH					
268 X DUE TO	10101111					
Conditions, If any, which (b) (astern)	La Carolis Vosonber De & France					
gave rise to immediate						
cause (a), stating the DUE TO						
underlying couse last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO BEATH BUT NOT RELA	PERFORMED?					
[GA]	YES NO					
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enler nature of injury in Part I or Part II of Item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCU  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAI  factor  Mille   Not While   factor  p.m.   19   at work   at work						
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While Not While	ry, street, office bldg., etc.)					
p.m. 19 at work   at work   21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion						
ACTUAL CHIEF MEDICAL EXAMINER (1)/22, DATE SIGNED						
SIGNATURE // CALL ALLO	_M.D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S TY TO DEPUTY MEDICAL EXAMINER A 13/66						
NAME (Type) X7 5 W HILL OF	Address (Street, city, town, or county)					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial   10-14-00   Samples Manor Cemetery   Samples Manor, Md.						
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
John H. Bast, Jr. 112 N. Main St. Boonsbo	ro, Md. DATE UC 17 1956 Minules Judge					

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDIC.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
14823 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 14825						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. CDUNTY						
WASHING TON MARYLAND	MARYLAND WASHINGTON						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
HAGERSTOWN 1 DAY	HAGERSTOWN 2/1/						
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?						
WASHINGTON COUNTY HOSPITAL	518 GUILFORD AVE. YES NO X						
3. NAME OF First Middle DECEASED (Type or print) MARY IRWIN SF	PECK JATE Month Day Year DEATH OCTOBER 9 19 66						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HR: last birthday)   Months   Days   Hours   Min.						
FEMALE WHITE WIDOWED DIVORCED	SEPT. 24. 1885   81 yrs.						
1Da. USUAL OCCUPATION (GIVE kind of work done) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
RETIRED CLERK DEPT. STORE	PENNSYLVANIA U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
SAMUEL SPECK	HARRIET EVEY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT HAGERSTOWN PESSMARYLAND						
	S. EMMERT SHEELY 518 GUILFORD AVE.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock ( following fall down steps )							
900 OMEDIATE CAUSE (a) Shock (following fall down steps)  14 hours							
Conditions, If any, which ) (b) Arteriosclerotic C	Cardio Vascular Disease Several years						
gave rise to immediate cause (a), stating the DUE TO							
underlying cause last. (c)							
Was All Topey							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED  20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCU	YES NO						
20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Part II of Item 18.)						
CAUSE OF DEATH. Fell down steps a	at home.						
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)						
Hour a.m. While Not While at work at work	Home Hagerstown, Washington, Md.						
21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection x , Inquiry , and in my opinio						
	icide . Homicide . Undetermined manner						
death resulted from the fact of the fact o	CHIEF MEDICAL EXAMINER						
ACTUAL STATE AND ASSISTANT MEDICAL EXAMINER 22. DATE SIGN							
DEPUTY MEDICAL EXAMINER X							
EXAMINER'S EDWARD W. DITTO, JR. M.D. 215	W. WASH STIST CITHAGERSTOWN, MD. 10/10/1966						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)							
BURIAL 10/12/1966 CEDAR HILL C	EMETERY GREENCASTLE, PENNA.						
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. RECOVER'S SONAT LENGTH						

DATE

HAGERSTOWN, MARYLAND

VR AISME (5)

CHARLES M. ROUZER

BESTAT BUSINESS CONTRACTOR

MASHIMITON

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THE I DECLESSION

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE DF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Washington - 3 after Franklin MARYLAND aft b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours Rural. Wavnesboro 1 Day Hagerstown = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital ND X YES within completely carbon NAME DE First Middle Last DATE Month Day Year DECEASED remove carb DF DEATH Micha el S. Spicer Oct. (Type or print) 19 executed 5. SEX 8. COLDR OR RACE | 7. MARRIED | NEVER MARRIED | OATE DF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Male White 10/22/1965 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 12. CITIZEN OF WHAT nysician 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) COUNTRY? Chambersburg Pa. U.S.A. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 -Larry Spicer Beverly Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Beverly Spicer. Waynesboro Pa., VO 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Prenni Conditions, If any, which peen gave rise to immediate the to OUE TO cause (a), stating the as the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p PERFORMED? certificate YES NO X 0 this cerum detached fo 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME DE INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) should be der th the Str Hour a.m. factory, street, office bldg., etc.) at work at work 1500 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: Jage 3 should lied with the 1966, and that death occurred at 1000 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page 10 DIRECTOR PHYS. PHYS. O FUNERAL 22c. PHYSICIAN'S 22d. AODRESS director, p NAME (Type) Northern Ave., Hagerstown Md. Page 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) Alto, Franklin Co. Buria REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR ADDRESS Waynesboro Pa. VR A15 (4) 20M 1/65 Groad Street

MARYLAND STATE DEPARTMENT OF HEALTH

March Mark Committee Commi 2 0 E C C E E E . A series that have been a self-color has been needed to of the proof of th Principal and the second of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE filed b. COUNTY fter death. funeral old be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) plo ms d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS hours Ξ. NAME OF Middle DECEASED filled OF Pages death. (Type or print) Kowsk DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH completely last birthdoy) WIDOWED TO DIVORCED papers. certificate be executed RTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most af warking life, even if retired) and bon within 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician MIChe remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT attending please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO þ Conditions, if ony, which permit. has been signed gave rise to immediate DUE TO couse (a), stating the underlying couse last. burial-transit ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.). certificate 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year foctory, street, office bldg., etc.) Hour a.m. While Nat while this at work at work Į, 1965 ta 1966, and that death accurred air AM, from the causes and an the date stated above. saw the deceased alive an\_ R: etac 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. TO FUNERAL DIR poge 3 shauld b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) stow77, 777d. 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL Specify)

ADDRESS

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

177Stant/4

PERFORMED? YES NO 14

(County)

25b. REGISTRAR'S SIGNATURE

25g. REC'D BY REGISTRAR

DATE

19\_6G that (1) (we) last

(Stote)

22b, DATE

0-26-66

(Stote)

SIGNED

Manth

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Months

Address 2750

YES NO

1966

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

o. COUNTY		CERTIFICA	IL OI DEATH			14	828
	Vashin	gton MARYLAND	2. USUAL RESIDENCE o. STATE		lived, if instituti b. COUN	ITY	before odmission
	If outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		limits, write RUR	RAL ond give ne	eorest town)
Caso	căde	Life		Cascade			21.1
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS				e. IS RESIDE ON A FAI YES
B. NAME OF DECEASED (Type or print)	First Cora	Middle Belle	Lost Stem	4. DATE OF DEATH	Month		Doy Year 25 19 6
s. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. /	AGE (In yeors loss birthdoy)	Months Do	
Female	White	WIDOWED DIVORCED	2/17/1880		OO yrs.	1	
0o. USUAL OCCUPATION uring most of working House	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Cascade 1		gn country)	12. CITIZEI	N OF WHAT
3. FATHER'S NAME John M.	Moore		14. MOTHER'S MAIDEN Mary Jan		r		
S. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice) 16. SOCIAL SECURITY NO. 17	Mrs. Emily	Privar	Addre		-
ise to immediat stating the unde last.  PART II. OTHER SI	rlying couse (c)	RIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ndition given	IN PART 1(o)		19. WAS AUTOF
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	of item 18.)		YES N
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)							
20c. TIME OF INJU	n.	While of work of work			city or town)	(County	) (Si
20c. TIME OF INJE Hour o.r p.r 21. I certi saw the, d	n. n. 19 <b>fy</b> that (1) ( <del>this hospit</del>	While of work of work of the deceased fram.	octory, street, office bldg., etc.	19 <i>5</i> 7 , ta_	2500	2, 19 <i>60</i> and an the	that (I) (w
20c. TIME OF INJU- Hour o.r p.r	fy that (1) (this hospite eccosed alive on 2	of work of work of the attended the deceased fram.	octory, street, office bldg., etc.	19 <i>5</i> 7 , ta_	2500	22b. DATE:	that (I) (w
20c. TIME OF INJU- Hour o.r p.r 21. I certi saw the d 22c. SIGNATURE	fy that (1) (this hospite eccosed alive on 2	of work of work of attended the deceased fram.  3 och 1966, and the och	mat death occurred at ATTENDING PHYS.	1957, ta_ 1200M, MED. DIRECTOR [	2) Octobrom causes of	19 6/ and an the 22b. DATE:	that (I) (widate stoted SIGNED 2.5-6

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then blease remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

Page 4 may be retained by the hospital or ottending physicion.

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after death.

hours

within

certificate

death

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22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

24. FUNERAL DIRECTOR

BURIAL, CREMATION, 23b.

CHARLES M. ROUZER

PLACE OF OEATH a. COUNTY by the Pages 1 a WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 1-72 hours 8 HAGERSTOWN 1 WEEK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL NAME OF First Middle **OECEASEO** CART (Type or print) KILEBBBB SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO MALE WIOOWED DIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even If retired) INOUSTRY RETIRED PRESIDENT RIBBON CO. 13. FATHER'S NAME transit permit Then, cremation, or re-JOHN C. STONEBRAKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED rost 2 arcinoma 0 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Oav. Year 20d. INJURY OCCURRED Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on

OFFMAN

AODRESS

DATE THEREOF

10/25/1966

CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a STATE b. COUNTY MARYLAND WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 928 OAK HILL AVE. NO X YES DATE Year Last Month Oay STONEBRAKER DEATH OCTOBER 19 66 AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. DATE OF BIRTH birthday) Months Days Hours 31. 1889 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? WASHINGTON CO. MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME SARAH DALBY HAGERSTANIES 928 OAK HILL AVE. MRS. HELEN STONEBRAKER INTERVAL BETWEEN ONSET AND DEATH 1110 5 Cleros 15 - genera TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMEO? NO E YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) OCT. 23 and that death occurred at 2.40 M. from the causes and on the date stated above. 22b. DATE SIGNEO ATTENDING X STAFF PHYS. 124/1966 10 DIRECTOR M.D. 22d. ADDRESS 214 HAGERSTOWN. MD. POTOMAC ST. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) HAGERSTOWN. ROSE HILL CEMETERY MARYLAND REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE HAGERSTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

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CHARLES HE POWER BALBOTON, METTARES CONTRACT GRAPH IN SELECTION

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
148311

1.	a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE b. COUNTY					
1		Washing		MARYLAND					ington
	b. CITY OR TOW write RURAL	N (if outside co and give neare	orporate limits, est town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (	(If outside co	orporate limits, w	rite RURAL and	give nearest town)
		erstown		1 wk	Highfiel	Ld			21.1
	d. NAME OF HO	SPITAL OR INST	ITUTION (if not In	hospital, give street addre	ss) d. STREET ADDRESS e. IS RESI			e. IS RESIDENCE ON A FARM?	
	Washir	ngton Co	unty Hosp	ital					YES NO K
3.	NAME OF DECEASED (Type or print)		First Vernon	Middle Ward	Last Tayl•r	4. DATE			ay Year 1966
5	SEX	R COLOR OR	RACE 7. MARRIE		8. DATE OF BIRTH		9 AGE (In years	LIFTINDER 1 YEA	AR   IF UNDER 24 HRS
0.	M	white	WIDOWE		July 23, 19		last birthday)	Months   Days	
10a	. USUAL OCCUPAT	TION (Give kind o	fwork done   10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		2	y) 12. CITIZE	N OF WHAT
dur		ing life, even If t Paint		INDUSTRY	Baltimore	a Md		COUNT	RYY
13	FATHER'S NAM		SI		1 14. MOTHER'S MA			1 05	
10.									
		C. Tay.			Prisci	lla M.			
	WAS DECEASED s, no, or unkown)		r dates of service)		7. INFORMANT		Addre	ess	
	no		1	81-05-9097	Mrs. Vernon	W. Tay	lor Hig	hfield,	Md.
	18. CAUSE DF	DEATH [Enter o	only one cause per	line for (a), (b), and (c).]				IN	TERVAL BETWEEN
ы	PART I. D	PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma , right lung with metastasis ONSET AND DEATH MON							
	11 2 1	to mediactinum chect wall and havin							
	1621	enditions, if any, which							
	gave rise to		(b)			-			
	cause (a), s		DUE TO						
-	underlying caus		(c)						
CERTIFICATION	PART II. OTHER	SIGNIFICANTCO	NDITIONS CONTRI	BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE CO	ONDITION GIVEN IN		9. WAS AUTOPSY PERFORMED? YES NO 1
IFI	20a. ACCIDENT	WAS UNDERLY	ING 🗍 20b.	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in	Part I or Part II		
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO								
MEDICAL		INJURY Month		Le	PLACE OF INJURY (Home, actory, street, office bldg.	farm, 20f.	(City or town)	(County)	(State)
E I	Hour a.	m.	19 While	le Not while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,			
-				ided the deceased from.	Oct. 17	19 66 to	o Oct. 29	9 19 66.	that (I) (we) last
	21. I certi	oroed alive	on Oct. 2	28 10 66 and t	hat death occurred at				
	22a. SIGNATU	RE _		13 00, 110	nat death occorred at	7-200	tioni the babaca	22b. DATE	
	220. 510.1110	194.	Alehr	ie M. K	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	10-29	
	22c. PHYSION	AN'S			22d. ADDRESS				
	WAUGE (1	J. H.	KENNE, M	1. D.	1229 Ra	venwoo	d Hts., H	lagersto	wn, Md.
23a	. BURIAL, CRE	MATION, 23b.	DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d.	LOCATION (City, t	own or county)	(State)
	REMOVAL (Sp	al li	/1/1966 .	Bethel		Lar	ntz. Fred	erick Co	o. Md.
24	FUNERAL DIR		10	ADDRESS	25a. R	REC'D BY REC	ntz, Fred	EGISTRAR'S SIG	GNATURE
		Walt	My Has	Waynesboro,		10V 3		Charles	
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A A Section of the se MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1482	9	CERTIFICAT	E OF DEATH		14831	
PLACE OF DEATH     O. COUNTY	Washington	MARYLAND		Where deceosed lived, if institution: Resi b. COUNTY W	ashington	
b. CITY OR TOWN write RURAL of Hage	(If outside corporote limits, and give neorest town)	c. LENGTH OF STAY IN 16 5 hours		utside corporote limits, write RURAL ond Hagerstown	give neorest town)	
	ington Coun	n hospitol, give street oddress)  nty Hospital	d. STREET ADDRESS  RFD #	3	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	MARY SHEL	Middle LENBERGER TREM	Lost BATH	4. DATE Month OF DEATH Oct.	Doy Year 4 19 66	
5. SEX female		. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Sept. 30,	9. AGE (In yeors last birthdoy) 71 yrs.	DER 1 YEAR   IF UNDER 24 HRS. IS Doys Hours Min.	
10o. USUAL OCCUPATION of working most of working housewi	ON (Give kind of work done of the control of the co	10b. KIND OF BUSINESS OR INDUSTRY		8 Stote, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME				NAME usan Flemming		
1S. WAS DECEASED E	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes of se	16. SOCIAL SECURITY NO. 17.	Mrs. Lawr	Address rence Parker, H	agerstown, M	
PART I. DE	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which gove ote couse (o), derlying couse  (c)	Coronan	Lerosi.	sion , Coronamy	INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)					
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 18.)		
Hour o	NJURY Month, Day, Year o.m. p.m. 19		ACE OF INJURY (Home, forn ctory, street, office bldg., etc.		(County) (Stote)	
	21. I certify that (I) (this hospital) attended the deceased from 10/3, 1966, to 10/4/66, 19, that (I) (we) last saw the deceased alive an 10/4 1966, and that death accurred at 152AM, from causes and an the date stated abave.					
/	220. SIGNATURE) Camp bell M.D. ATTENDING MED. STAFF 226. DATE SIGNED / 66					
22c. PHYSICIAN NAME (Ty	pe) Robert 6	In Campbell Mi	D 22d. ADDRESS	agenstour	and	
23o. BURIAL, CREMA REMOVAL (Spec	10/5/6	56 St. Mark's	Cemetery	23d. LOCATION (City or Town)  Lappans Cros		
24. FUNERAL DIRECT		ADDRESS Home Hagerstown,		D BY REGISTRAR 1966 REGISTRAR	ionles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please tomove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and the not event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY Washington Maryland. Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hospital 906 Maryland Ave. YES NO X 3. NAME OF Middle Lost 4. DATE Dov Year DECEASED Franklin Fogler Unger October (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthdoy) Months Doys Hours Male White Feb. 27, 1915 WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Hircraft COUNTRYPA during most of working like even if retired Washington Co.Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Frankie Basore Fogler
Address Max C. Unger IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or, unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 213-18-9798 Mrs. F. F. Unger 906 Maryland Ave. Hagerstown. Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: m bel IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. at work 21. I certify that (1) (this haspital) attended the deceased fram 12 0 cr, 19 66, to 19 oct, 1966, that (1) (we) last OCT 1966, and that death occurred at 4A M, fram couses and an the date stoted obove. saw the deceased alive an\_ 220. SIGNATURE ATTENDING M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) / 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote)

Rest Howen Cemetery

Hagerstown, Md.

Hagerstown

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

directar, page 3 shauld be filed w

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Rest Haven Funeral

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physician and campletely filled in by the funeral en please remave carbon papers. Pages I and

the attending passit permit. The

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O FUNERAL DIRECTOR: After this certificate has been

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The law requires that the death certificate be executed within 24 haurs after death

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or embyg, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

148	31	CERTIFICATE	OF DEATH		14833
PLACE OF DEA     O. COUNTY			a STATE	Where deceased lived, if institution:	Residence befare admission)
	ashington	MARYLAND	1.8.	ryland	Washington
	VN (If outside carporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparate limits, write RURAL	and give nearest tawn)
Hage	stown	2 days		rstewn	211
	OSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM2
Washing	ton Co. Hosp	ital	521 W.	Franklin St.	YES NO NO
3. NAME OF DECEASED (Type or print)	First HILDA	Middle VIOLETTA V	Lost ARNER	4. DATE Month OF DEATH	Day Year 22 1966
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
female		VIDOWED DIVORCED []	oct. 13,	1899 67 yrs.	lointis Days naois Mill.
10a. USUAL OCCUPA during most of war	ATION (Give kind af wark dane king life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		*State, or foreign country) ro Franklin C	12. CITIZEN OF WHAT COUNTRY? S.A.
13. FATHER'S NAM	AE		14. MOTHER'S MAIDEN		
Geor	ge O. Varner			artha Ellen W	eaver
1S. WAS DECEASE (Yes, no, or unkno	D EVER IN U.S. ARMED FORCES? wn) (If yes give war ar dates of sen	the Market Control	Winton S.	Varner Sta	sville, ld. r Route 7
1B. CAUSE (	DE DEATH (Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO	er line for (a), (b), and (c).)	wow	us cello	INTERVAL BETWEEN ONSET AND DEATH
rise ta imme	ony, which gave diate cause (a),	Cespund	m de	yresin	nin
last.	(c) _	Cerely	Msi	Kenyely	1/2 days
PART II. OTH  20g. ACCIDEN OR CONTRIBU	ER SIGNIFICANT CONDITIONS CONTR	EIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
L HE CHILLY IN	T WAS UNDERLYING  TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Port I ar Part IP af item IB.)	
20c. TIME OF	INJURY Manth, Day, Year r o.m. p.m. 19		E OF INJURY (Home, farm ary, street, office bldg., etc.)		(County) (State)
21. 1 0	ertify that (I) (this hospita	l) attended the deceased fram	001	900 ta	19 thot (J) (we) las
	e deceased alive on			M, fram causes and	an the dote stated above
22a. SIGNAT	JURE OWN	Draw MD		MED. DIRECTOR PHYS.	22b. DATE SIGNED
PHYSIC NAME (		6.000	22d. ADDRESS	/orther !	To destroy
23a. BURIAL, CREI	10/25/			23d. LOCATION (City or Town) Hagerstown	(County) (Stote)
24. FUNERAL DIR	Coffnan	ADDDECC	2Sa. REC'I	BY REGISTRAR 25b. REGIST	RAR'S SIGNÁTURE

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & MARYLAND CERTIFICATE OF DEATH uneral deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY GLOUCESTER ges 1 after after WASHINGTON NEW JERSEY the MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page nin 72 hours a HAGERSTOWN WEEKS PITMAN Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LOUKWOOD ROAD any event, within 43 CIRCLE NO A YES completely in within 3. NAME DE First Middle Last 4. OATE Month Day Year OECFASED 25 19 66 SARAH WOOD (Type or print) WICKWARD **OEATH** OCTOBER 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and con 6. COLOR OR RACE OATE OF BIRTH 9. 7. MARRIED NEVER MARRIED FEMALE JAN. WHITE 25, 1904 WIDOWED [ DIVORCED [ and in 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) pe INDUSTRY BERGEN CO. . NEW JERSEY U.S.A. HOMEMAKER OWN HOME certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending primit. Then CHARLES ALLEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. PITMANIESSN JERSEY 0 (Yes, no, or unkown) | (If yes give war or dates of service) NO 148-30-7861 cremation, MR. GEORGE W. WICKWARD 43 CIRCLE the s the burial-transit p ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: VENTRICULAR FIBRILLATION attending physician. IMMEDIATE CAUSE (a) DUE TO RHEUMATIC HEART DISEASE W/ Conditions, If any, which MITRAL INSUFFICIENCY gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate CERTIFICATI ARTERIOSCLEROTIC HEART DISEASE W/ATRIAL FIBRILLATION NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) hed f After this all be detach MEDICAL 20d. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. Not While at work p.m. at work retained 21. I certify that (I) (RRCROQUEAL) attended the deceased from C/CZ . 19 66, that (I) (w) last DIRECTOR: age 3 should lied with the 1966 and that death occurred at 7:05 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENDING X page 10/26/1966 PHYS. DIRECTOR PHYS. TO FUNERAL 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) CLOVIS SNYBER W.D. N. 106 POTOMAC ST. HAGERSTOWN. MD. 23h. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 10/25/1966 CLARKSBORO. EGLINGTON CEMETERY NEW JERSEY REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Charley 1966 CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M 1/65

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CLC 18 M. SMYDER, M.D. 106 M. POTOMAG ST. HALL-STORY, ND.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

5 (4) 1/65 VR A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	14004	OZININ IOMI	L OI BEATH		14836			
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	E (Where deceased lived, If i	nstitution: Residence before admission)			
	Washington	MARYLAND	a state Marylar	b. cou	Washington			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give nearest town)			
	Hagerstown Md.	55yrs	Hagers					
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET AOORESS	00 1111 111 012 J 2 C	e. IS RESIDENCE			
0	340 N. Jonathan Stre			Jonathan St	ON A FARM?			
3.	NAME OF First	Middle	Last	4. DATE Mon	1150 100			
	OECEASED (Type or print) Myrtle		lkerson	OF OEATH Oct	30 <sub>19</sub> 66			
5.	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED	B. DATE OF BIRTH	last hirthday)	Months   Days   Hours   Min.			
	emale Colored WIOOWED		Dec 17 189	94 71 yrs.				
10 du	a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?			
	Domestic Priv	vate family	Burkitts	sville, Md	USA			
13	FATHER'S NAME		14. MOTHER'S MAID					
	Daniel Jones		Jennie	a Burner				
1; (Y	5. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess			
L	no	Mr	s. Emma Da	avis 340 N.	Jonathan St.			
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concurry Occhasisis 5							
10	HAZOL OUE TO CE CONTRACT OF CERTIFICATION S-6 64.5							
	Conditions, If any, which ) (b) Glan	Conditions If any which I						
	gave rise to immediate		_					
	cause (a), stating the out to sele	refic Heart	Disease		THE ROTE OF			
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PARTI(a)  19. WAS AUTOPSY			
CERTIFICATION					PERFORMEO?			
RTIF	20a. ACCIDENT WAS UNDERLYING   20b. DO OR CONTRIBUTING   CAUSE OF DEATH	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
SAL	Hann and	footor	E OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)			
MEDICAL	Hour a.m. While p.m. 19 at work	- Not while -	y, su eet, onice blug., et	.,				
	21. I certify that (I) (this hospital) attende	d the deceased from 7	26= 10 , 19	183 to Oct 3	, 1966, that (I) (we) last			
	saw the deceased alive on 25pt 36			M, from the causes	and on the date stated above.			
	22a. S)GNATURE				22b. OATE SIGNEO			
	Chapter Is & 1702	M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	10-31-66			
	22c. PHYSICIAN'S NAME (Type)		22d. AOORESS					
	TOTAL (1) PO)							
23	REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own or county) (State)			
	Burial [11-2-1966		emetery	Hagerstown	Maryland			
24	FUNERAL DIRECTOR	ADDRESS	25a. REC	'D BY REGISTRAR   25b. F	EGISTRAR'S SIGNATURE			
1	John R Watson In. Has	evitour and	, OATE NO	OV 2 1966	Marles Judge			
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## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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## TO FUNERAL DIRECTOR: After this certificate has been signed by the attending present and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The please remove carbon papers. Pages 1 and 2/should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL	RESEARCH AND RECORDS, 301		21201
5	CERTIFICATE	OF DEATH	14837

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I.	PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY			
	Washington MARYLAND			Maryland Washington			
	b. CITY OR TOWN (If outside corporat	e limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
	write RURAL and give nearest tow		l week	Hagerstown 2/1/			
	Hagerstown				'S LOWII	NE DESIDENCE	
н	d. NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Garlock Memor	ial Home		534 West	Franklin St		
	NAME OF	First	Middle	Lost	4. DATE Month	Day Year	
	DECEASED (Type or print) CLA	RENCE	VICTOR	WILKES	DEATH OCT 31	1966 19	
S.	SEX 6. COLOR OR RA		NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.	
	Male Whit	e WIDOWED	DIVORCED	Oct 4 1879		Months Doys Hours Min.	
	. USUAL OCCUPATION (Give kind of wor	k done 10b. Kl	ND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT	
dur	ing most of working life, even if retired	IN	DUSTRY	U. manata	own Wash Co M.	COUNTRY?	
13	Baker FATHER'S NAME		Retired	14. MOTHER'S MAIDEN	NAME	. 0041	
10.		-71-00					
16	John H. W		SOCIAL SECURITY NO. 17.	INFORMANT	Rockvell		
(Y)	WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give wor or	dotes of service)					
Ĺ	No	220-	18-1136 Mi	ss J. Vivi	an Wilkes	l.á	
	18. CAUSE OF DEATH (Enter only		(o), (b), ond (c).) .53	4 W. Frank	lin St Hager	S TOWN INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED B	Y: ME (a) Me	tastati	Carci	nomz	ONSET AND DEATH	
	151X IMMEDIATE CAUSE (a) METS ST3+16 (27 C120 mc						
	Control of the state of the sta						
	rise to immediate couse (a)						
	stoting the underlying cause DUE TO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)  19. WAS AUTOPSY  19. WAS AUTOPSY						
z	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?	
AT O	Banis	Pro	atetic h	Pertrophy  Clinter noture of injury in Port I or Port II of item 18.)			
3	20a. ACCIDENT WAS UNDERLYING						
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE)						
N	20c. TIME OF INJURY Month, Doy,		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)	
ă	Hour o.m.	While	Not While fo	ctory, street, office bldg., etc.		(county) (store)	
2	p.m.	19 of work					
	21. I certify that (1) (thi	is hospital) atten	ded the deceased fram_	7-47	19 16, to O CT31	, 19 <u>GB</u> , that (I) ( <del>we</del> ) last	
	21. I certify that (I) (this hospital) attended the deceased from the deceased from 1956, and that death accurred at 9:00 M, from causes and an the date stated above.						
	220. SIGNATURE		11	ATTENDING	MED. STAFF	22b. DATE SIGNED	
	M/s A Co	1/0/	Lyw- N	I.D. PHYS.	DIRECTOR PHYS.	NOV-2-66	
	22c. PHYSICIANS NAME (Type)	11/6	1	22d. ADDRESS	4/ 0 /	,	
	NAME (Type) Lloyd	A-t	tottmon	2/4	N. Potomic	st.	
230		ATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or Town	(County) (State)	
	REMOVAL (Specify)	7/20	Rose Hill	Conotone	Hagerstown		
2	FURTAL DIRECTOR Hager	TOTAa.	ADDRESS			STRAR'S SIGNATURE	
					10V 7 1966 /	Marley Judge	
1	HULEW V. COLL	man rune	eral Home In	C DATE	AUT ( 1300 %		

